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THE APPROACH OF MEDICINE TO THE DOGMAS OF HAHNEMANN. PROGRESS REALIZED IN HOMŒOPATHIC THERAPEUTICS.

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(Translated by Dr. W. A. Dewey.)

MODERN discoveries acknowledge involuntarily the principles of Homœopathy and confirm the teaching of Hahnemann, who foresaw this actual medical state a century before others. The Law of Similars is scientifically explained: infinitesimalism in therapeutics, object of an eternal raillery, is gradually uncovering its existence by the multiple applications of Opsonins, Colloids, by Anaphylaxis, by all that the future yet reserves for us.

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In one of his lessons, entitled Therapeutics of Yesterday and Today, the regretted Professor Huchard said:

"Medicine should remain a school of tolerance, and especially of modesty, for reasons, alas! known to us: it should not take the superb attitude of pride in the face of adverse theories because no one, no one school should believe itself the depository of truth. Whence it comes it must be accepted, this truth which demands much time to conquer minds, * * * Medicines act not alone by chemical paths, but also and especially produce physical effects simply by their presence. But in order that this be realized large doses are useless and even injurious: *we must have weak doses even infinitesimal,* so reduced that they have a chance to correspond to a beginning atomic dissociation * * * ."

Thus a member of the Academy of Medicine expresses himself who, without being accused of homœopathicity, had at least the merit, in the presence of the new evolution of science, to render homage to a medical doctrine which had ever been attacked. The term is perhaps too flattering; fun was always made of it. It is the homœopathic doctrine.

"In order to strangle diseases," continues Huchard, "we do not take sufficient account of medical nature; we are not always collaborators of the organism which makes and unmakes divers affections. * * * We must know and admit that all medicines possess two actions, primary and secondary, the one opposed to the other."

The principle of opposite actions exists in nature and is not contested. The law of contraries and the law of similars are the two cardinal points of therapeutics. However if one can neutralize acidity of the stomach by alkalies, give a purgative in constipation, use cold against hyperthermia, one asks what is the contrary of pneumonia, typhoid fever or diphtheria?

The action of similars or the cure of disease by disease is much more extended. *It has, besides, an immense superiority over the action of contraries in that it alone is capable of sensitizing the serum of the blood.*

We have admired bacteriotherapy, serotherapy, the study of immunity, vaccinations: we have studied to the end the properties of the serum and corpuscles of the blood. But the entire edifice crumbles like a house of cards if one did not depart from the obligatory principle, which surprised no one, of *using morbid agents and not antidotal agents* to obtain products which cure! "It must not be objected," said Jousset in his *Constitution of Therapeutics,* "that most therapeutic serums are taken, not from the microbe itself, but from a serum of an animal immunized by this microbe. Because whatever the theory, admitted to explain the curative action of the serum of immunized animals, antitoxine, toxine attenuated, a new substance produced in the organism by the aid of the microbe or its toxine, it is always the pathogenic microbe that is the starting point for the therapeutic agent, be it employed directly, as in rage and tetanus, or be it employed indirectly and replaced by a substance elaborated in an animal immunized by this microbe."

The progress of science in accumulating discoveries unknown at the time of Hahnemann has only confirmed the law of similars with new explanations and a mode of action that bacteriology alone was capable of demonstrating. Nature charged herself with uncovering the truth of the law of similars. It is not the homœopaths who discovered the secret, it is the official school itself who is teaching us.

Under the influence of a disease there are developed in the blood special properties which do not exist in the normal state and which are the keys to a natural cure, *Natura medicatrix.* No one had doubted nature's medical power, but

we were far from supposing that nature only possessed its medical properties in the appearance of disease. *In the disease is found the remedy of the disease.*

Now what part does the intervention of therapeutics play in the efforts of nature? It plays a role of support, of reinforcement: it aids, it abounds in its sense. Faithful servants of nature we only imitate and support. This is the most rational theory of the homœopathic axiom.

Moreover a movement seems to appear in France among medical practitioners who desire, if not to know Homœopathy, at least to become informed of its methods. An example is given us by the Medical Society of Mans, whose president, Dr. Persy, begged Dr. Naveau to explain the essentials of Homœopathy to his colleagues. The study of Dr. Naveau showed especially that Homœopathy was in accord with the discoveries of the laboratory. He justly said: "To cure a disease homœopathically is to employ the medicine which provokes the same reactionary defensive processes; both produce a similar phagocytosis which gives birth to a similar antitoxine. In a disease treated homœopathically there is a double production of analogous antitoxine, by the agent of the disease and by the remedy which is homœopathic to it. Thus a double defensive action, double resistance, double curative power." (Anjou Medical, August, 1911.)

Upon the tomb of Hahnemann in the Pere-Lachaise is written in golden letters the following axiom: "Similia Similibus Curantur. *Treat patients by remedies producing symptoms similar to their disease.*" This means that to cure according to this law there must either be an identity or a similarity of action, *Isotherapy or Homœotherapy;* we accept the two principles in the law of similars. Contrary to the primary conceptions of Pasteur, it is not necessary that the product be identical to the disease.

Pasteur had formulated the grand law of *Specificity of Serums and of immunities,* which is an article of faith in bacteriotherapy, but apart from the specificity of serums Pasteur himself had recognized that certain microbes could vaccinate against others.

Now once more clinical observation shows us that all immunizing serum, besides its action upon the disease against which it has been prepared, possesses the undeniable property of bringing to any organism invaded by an infectious agent some means of general defense capable of attenuating more or less most of the morbid symptoms, either in bringing antibodies of defense or simply in stimulating the vital energy of the tissues. This last conception emanates from a physician of the official school, Dr. Darier, who in his recent book, "Vaccines, Serums and Ferments in Daily Practice," devotes forty-seven pages to *para-specific* serotherapy, that is to say, to all applications of antidiphtheritic serum made in the whole world for affections that are not diphethritic, ordinary anginas, ozæna, pneumonia, broncho-pneumonia, pleurisy, hemorrhagic diatheses, puerperal troubles, affections of the skin, diseases of the eyes, etc., etc. The specificity of the serums is thus not a unique rule. It may act *isotherapeutically* or *homœotherapeutically.*

That which excites discussion is our axiom: "In order that some serum or substance acts homœotherapeutically there must be an analogy of the symptoms or of the pathological characters, or of analogous toxis properties." All our materia medica rests upon this principle, the study of the similimum.

The closer the correspondence, the more efficacious the remedy will be; the less the similarity of the symptoms, the less will be reactionary curative effort. In order to assist nature there must be a sensitiveness which is only obtained by a similarity of effects.

All this apology for Homœopathy will be acceptable to those who are unbiased because the law of similars, old as the world mentioned by Hippocrates, has had for all time natural applications, and a book would not suffice to reproduce all the examples of curative measures employed according to similars by the most illustrious medical men. But the shoe pinches the worst when the question of infinitesimal doses is approached. Human reason revolts! Homœopathy is Charlatanism. Homœopaths cure by imagination—pour a drop of medicine into the Seine at the Austerlitz bridge and dip a glass of the water at Auteuil and you have a homœopathic remedy. We have been railed at so much that we have become immunized to raillery.

It is, however, more than probable that after having combatted with all our forces the delirious side fantasies, which tell of cures made possible with insensible doses of the 100th, 200th and 20,000th, Professor Huchard, who so often held out his hand to homœopaths, would have modified somewhat his phrase if he were yet alive: because Anaphylaxis, born yesterday, and even the medical action of the Opsonic index, *particularly sensitive to weak doses,* overthrows many ideas, reserves many surprises; the two discoveries have not yet had their last word. Now is not the time to discuss infinitesimalism; it is too soon. But little by little the official school, it alone without the aid of the weak minority of homœopaths, will charge itself, in modifying the term, to find more and more power in the divisibility of matter (action of the Colloids). They will continue to provoke sensibilities, sometimes mortal with infinite doses. They will demonstrate the dynamic action of the substances and not their chemical action. They will admit the necessity of attenuation more and more subtle. They speak fluently already in medical works of doses nearly homœopathic. They will be in the midst of infinitesimalism, but Homœopathy will be ever ignored.

Already the results of multiple works upon the antibodies are digging the foundations of a scientifically demonstrated infinitesimalism, namely, profound chemical and physiological modifications may be produced by substances apparently insignificant and inoffensive; and again these same modifications may be produced by very small doses frequently repeated.

Did not Wright himself acknowledge to have obtained better results with infinitesimal doses? He reports an amelioration after giving 1/500 of a milligram; a greater amelioration with 1/800 of a milligram; another yet more rapid with 1/1000 of a milligram; and a more satisfactory amelioration when he did not repeat the dose but once in three weeks! This question of Opsonins without doubt will make those reflect who to the present time have received homœopathic therapeutics with ironical sneers; this is the greatest tribute to the work of the gifted Hahnemann.

Further the homœopathic school does not remain behind in this study of the opsonins, which has already served to verify the action of our medicines in Hahnemannian doses. *Phosphorus*, in the thousandth, has constantly raised the tubercular opsonic index. A dose of *Phosphorus* internally places the organism in condition of resistance similar to those procured by injections of immunizing serums (experiments made in several places at the London Homœopathic Hospital by Wheeler, director of the laboratory; by Burrett, of Ann Arbor, in the University of Michigan; by Watters, of Boston). Mellon has raised the opsonic index against the pneumococcus of pneumonia with small doses of *Veratrum viride*, while strong doses seem to lower it. And again, Watters found the coli-baccilic opsonic index of a patient with the homœopathic remedy which corresponded the best to the symptoms and gave it in the 30th dilution. The opsonic power raised and the patient left the hospital cured. Let us not be mistaken upon the therapeutic importance of the opsonic index. It is rather a scientific confirmation of the action of a remedy and one is wrong if one thinks that we must simply give *Phosphorus* in the 1,000 to any old tubercular patient or *Veratrum viride* in any old stage of pneumonia. *These scientific researches prove that cures of patients by Hahnemannian doses are not things of the imagination.*

It is interesting to note that with a greater experience with Tuberculine, the first champions of the method have little by little diminished their doses, at least those at the commencement of the cure. Thus the Belgian professor, Denys, after having advised in his first essays to commence treatment by T. I., which is a dilution in the 100th corresponding to our 2x, has later advised T. O., which is our 6x dilution, and even T. O. in the 10,000, which is our 7x dilution. Moreover certain Swiss therapeutists employ openly the homœopathic notation and Spengler gives the methods of making *decimal dilutions* with the immune bodies.

The infinitesimalism of the initial doses has not escaped. Denys, of Louvain, writes on this subject: "The microbic secretions only constitute a feeble part of the mass of the dried substance taken from the filtrated bouillon, so that 0.1 of T. O. in the 10,000 contains certainly much less than a 10 millionth of a milligram of active substance. And, however, if in a cure with tuberculine one desires, as we advise, to avoid all violent reaction, it is necessary to have recourse to these weak quantities. *A priori, all activity is denied them* (sic). Nevertheless they are apt to develop in the tuberculous undeniable effects." A homœopath could not have said this better! But Professor Denys has been now over-reached. Keersmaecher, without counting his followers, administers the 9th dilution and baptises it with the name of therapeutic dose. "How did I reach this dose," he exclaims, "which no one has taxed with infinitesimalism and Homœopathy?"

Continue, allopathic colleague, and give doses yet more infinitesimal and you will fall from astonishment into astonishment. Hamburger even goes further. In order to make a trial by injection one can never use a syringe having already once contained a stronger solution *because, in spite of all possible cleaning, the result of the injection could be positive!* (Shades of Swan, Fincke, Jennichen and Korsakoff, defend us!—Trans.) It is the allopaths who are thus expressing themselves, but they will never admit that Homœopathy is serious medicine.

It even seems that besides the action of similars or of contraries in therapeutics there exists a third action due to the divisibility of matter. A common ordinary body like silver, bismuth, gold, platinum and a host of others possesses new properties in the form of molecules, a billion or more per cubic millimeter. Under this form the reactions that these metals give are absolutely intense, and the smaller the particles in suspension are the greater the reaction.

"Their action is nowise in relation to the quantity of the colloidal substance: the state of extreme division, the smallness of the particles alone signifies" (Hirtz). The colloidals, the divisibility of matter! Homœopaths employed this principle long before the absolutely remarkable revelations of electricity. They have always asserted that triturations of insoluble bodies with an inert substance, like sugar of milk, brought about the divisibility of matter in such a way as to render it absorbable and to augment its power. This has permitted them, for instance, to employ coral, insoluble in all liquids, thanks to a long and patient trituration which makes it an active medicine.

"In our successive attenuations," said Jahr in 1857, *"the division of the molecules increases the number of atoms* in the same proportion as their mass diminishes, with the result that the surface exposed by these atoms also grows, so that finally

the surface covered by a drop of the thirtieth dilution is larger than that covered by the coarsely divided molecules of the first dilution."

What shall we think of Anaphylaxis from the infinitesimal point of view except that it overthrows completely the superstructure of admitted ideas and that it ranges itself against the most rational of theories? We are passing, it is true, from the believable to the unbelievable.

At the dawn of these new lights one fact already acquired by science remains: Anaphylaxis is produced by a small dose, by infrequent doses and oftentimes by inert substances. While the organism may accustom itself to poisons by larger and larger quantities, from which the expression, "to become accustomed," one exalts, on the contrary, the sensitiveness of the albumens of the body by doses smaller and smaller. Knorr and Kitasato were able to prove that in certain cases guinea pigs died after doses 800 times weaker than the regular mortal dose. The smallest particles produce the gravest accidents in Anaphylaxis! These *facts* go contrary to human reason.

They say a period of incubation is necessary in order that Anaphylactic phenomena show themselves. I understand the incubation of an egg, the incubation of measles, because there is a living germ; but I admit that I do not understand the incubation of Antipyrine, the incubation of strawberries or of fish, since certain medical or alimentary eruptions enter, according to admitted ideas, into the phenomena of Anaphylaxis. And what shall we think of the accidents imputed to a first injection dating back eight or ten years? They will even go so far as to admit hereditary transmission!

Uhlenhuth and Haendel were able to take the flesh of a mummy dating back 4,000 years, inject it into guinea pigs and render these sensitive to human serum, and to human serum alone!

Is there not reason to believe that the so-called period of incubation is a period of elimination, and that the reactionary phenomena only manifest themselves under ultra-infinitesimal influences? That which tends to prove this is that *by intercurrent injections the Anaphylactic state disappears.* (Otto, 1906. Besredka and Steinhardt, 1906.)

A century earlier Hahnemann pointed out medical aggravations by substances in infinitesimal doses even in employing inert products of course under particular circumstances. Now this same Anaphylaxis gives us examples of reaction with crude substances. A toxine is not necessary to create Anaphylaxis. It occurs as a result of injection of inert non-toxic substances, provided that they be of an albuminoid nature, they said at the beginning of the discovery, but since that time it is admitted that the introduction of a heterogeneous non-albuminous element, medical Anaphylaxis, for example, provokes modifications of the metabolism of the proteid substances equivalent to the introduction of a heterogeneous albumen. For M. Charles Richet (1910) animals sensitized by an anaphylactic substance are in a certain measure sensitized for all poisons, even crystalloids.

"The medicine acts by dynamism and not by its mass," exclaims M. Albert Robin, and the official language at this moment rolls upon the advantageous privileges of procreating new substances following the administration of a poison; some are immunizing substances, some are anaphylactic substances, *but they are totally foreign to the poison.* There is then a something beyond the chemical action of the bodies. Medical dynamism has, however, always been sustained by the homœopaths.

But what is the use of bothering about Homœopathy when one is attracted by the novelties of modern medicine. Homœopathy is old. It is not spoken of any more. It is a superannuated method! We must have something new in this century of constant progress. Woe to everything that is ancient!

On the contrary, Homœopathy in its modest sphere has likewise made progress. The comparison of a book on Homœopathy written twenty years ago and a present book shows that the medicine of Hahnemann is being perfected like the rest. Nothing has been changed in its dogmas because they are truths, and truth is immutable. But numerous new medicines have been introduced into its materia medica. All in preserving the fundamental remedies of Hahnemann, whose value is as great today as a century ago.

In the therapeutics of similars we have always an advantage over the official school in spite of our weak minority, in that we do not limit ourselves to specific bacteriotherapy. We extend the law of similars to all animal, vegetable and mineral substances, so that the list of our remedies is considerable. We understand in nosotherapy all diseases analogous to drug diseases. Thus we employ tuberculines in non-tuberculous diseases of the lungs, acute bronchitis, grippe, broncho-pneumonia, catarrhal bronchitis, as well as in tuberculosis itself. Our therapeutic budget is not to be disdained.

Naveau ended his work in saying: "The period of struggle against Homœopathy is finished. It is not a temporary calm, it is an inevitable evolution towards scientific truth often slow in birth, but always finally victorious."

We are less optimistic than our Mans confrere. Yes, it is an inevitable evolution towards scientific truth, but there is no hope of justice. The false idea they have of Homœopathy is too deeply rooted in their minds that there be an official return to its favor. However I do not know that America, which counts many homœopathic schools, some attached to State universities, is any more in scientific decadence than any other civilized country. Mexico has followed

the example of the United States. With the modern conception of therapeutics official teaching of Homœopathy would be without dishonor to our country.

Without hoping such grand success, do they dare deny that in all justice the homœopaths have been the first upon the path of actual medical reform? On this subject permit me to suggest a coming together. One admires in painting the primitives which opened the horizon to modern art. Their qualities and their defects are venerated, even their simplicity, their naivety. Homœopaths are the primitives of modern medicine. With the simplicity of their purely analytical materia medica they have sustained without power of demonstrating it that which modern science, with the microscope and the laboratory, shows little by little. Hahnemann foresaw a century before the others the modern medical movement. His defects and his imperfections were due less to his person than to the state of science at his epoch. He could not speak either of Antigenes or antibodies nor of agglutinations or amboceptors. Why not recognize the work of a man of genius whose greatest wrong was to have distanced his contemporaries?

If we cannot hope for an official teaching, let us at least be respected and let railleries cease!

THE UNDERLYING CAUSE OF ECZEMA AND ITS HOMŒOPATHIC TREATMENT.

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ECZEMA is an acute or chronic inflammatory, non-contagious disease of the skin, polymorphic in its nature, appearing in one or more of the elementary lesions, characterized by inflammation and multiple lesions.

The disease has been classified under the following forms: Erythematous, papular, pustular, vesicular, fissum and nodosum. It also receives its name from the anatomical location, as facial, capitis, etc.

In discussing the etiology of this disease we will confine our time to the predisposing cause, or what the allopathic text-books designate as the constitutional cause, as taken from the view-point of Hahnemann's miasms. In order that any exciting cause of disease may become active we must first have some previous condition acting on the vitality and lowering the life forces so the ground may be made fallow for the exciting cause whatever its nature may be. I take it that you will all agree to this statement, therefore I shall try to prove to you that the chronic miasms of Hahnemann are the underlying cause of eczema. While eczema may have as a basis any of the three chronic miasms, probably most often the underlying cause is psora. No other disease gives a clearer conception of the profound and persistent action or a more complete picture of the symptoms of psora, as given by Hahnemann in his chronic diseases, than eczema. Few if any of the skin diseases have the terrible pruritis of psora so well marked.

Even the old school dermatologists admit, but cannot explain, an underlying cause that enables one exciting media to produce a simple dermatitis in one patient and a profound eczema in another. Stelwagon covers this point in the following paragraph: "It is a well known fact that external irritants will provoke a dermatitis in a large number of the exposed, whereas in most of these it will be a simply passing dermatitis; in others it turns out to be a true persistent eczema. What this necessary something is which is present in such individuals and not in others is the unknown quantity of eczema of which we are still ignorant—all we know is that a great many factors, both constitutional and local, have an influence in calling this unknown quantity into existence of which an inherited condition is an important one."

In these days of modern pathology the miasms of Hahnemann are put to ridicule by many and cast aside as an attempt on his part to manufacture a theory that would explain the action of his new system of therapeutics in the treatment of chronic diseases. Let it be of minor import to us in the subject under discussion whether or not this psoric miasm is the result of suppressed itch, but rather let us consider and study the group of symptoms manifest in the latent psoric state, as given to us by Hahnemann after twelve years of close study and application, helped by men who applied themselves closer to the study of therapeutics than any group or number of men in the profession have done since their time. Let us take for granted that these men were honest in their beliefs, conclusions and reports and compare their classifications of the symptoms of psora with the symptoms which we know today as eczema, in its various forms, and see how closely they assimilate not only its pathology, but the constitutional causes as given in the allopathic text-books.

The constitutional causes of eczema as given by Stelwagon are as follows: Digestive debility, constipation, with absorption of toxins, uric acid diathesis (no satisfactory explanation which has stood the test of modern scientific investigation has ever been given). Debility due to assimilative or nervous influence, intestinal parasites, hysteria, struma (What is struma? Has it ever been more clearly explained than psora or has the resulting symptoms ever been so carefully and completely catalogued as Hahnemann did those resulting from latent psora?), albuminuria, diabetes, uterine complaints and asthma.

Now let us compare the symptoms of latent psora and see how many of these constitutional causes are found among them. Looking at footnote, page 143, of Nature of Chronic Diseases, where the pathological names of diseases are given, we find the following: "Scrofula, maras-

mus, asthma (many forms), worms and consequent diseases, dyspepsia, hysteria, amenorrhœa, dysmenorrhœa, leucorrhœa, diabetes, constipation, rheumatism, gout and nervous debility." Thus we find every pathological condition given by Stelwagon as the constitutional cause of eczema, under latent psora.

It is always easy to doubt matters which cannot be laid before our ocular vision, but in itself this doubt proves nothing at all, for according to the old rule of logic: negantis est probare. To prove the nature of these chronic eczemas we do not even need the fact that the anti-psoric remedies prove effectual therein; this serves only like the proof to a correctly solved mathematical problem.

To give the doubters still further proof that the underlying cause of eczema is found in latent psora we will give the following symptoms which have reference to the skin: "Dry skin on limbs—on the arms, the thighs and also at times on the cheeks.

Here or there a rough scaling spot on skin which causes voluptuous itching and after the rubbing a burning sensation. Unbearably itching vesicles, at its point sometimes filled with pus, causing burning after rubbing. Dryness in the ear with dry scabs.

Long lasting scabs or itching pimples under the nose covering the upper lip.

Itching of scrotum, which is sometimes beset with pimples and scabs.

Itching, also moist and scaly eruptions around the nipples.

Unhealthy skin, every little injury suppurates.

Eruptions which closely resemble the eruption of itch.

Itching and eruption about the anus.

Milk-crust, pimples, blotches and herpes of the nose, lips and face with burning stinging pain.

Eruptions either arising from time to time and passing away again; some voluptuously itching pustules, especially on the fingers or other parts, which, after scratching, burn and have the greatest similarity to the original itch-eruption; or nettlerash, like stings and water blisters, mostly with burning pain; or pimples without pain in the face, the chest, the back, the arms and the thighs; or herpes in fine miliary grains closely pressed together into round, larger or smaller spots of mostly reddish color, sometimes dry, sometimes moist, with itching similar to the eruption of itch and with burning after rubbing them. They continually extend further to the circumference, with redness, while the middle seems to become free from the eruption and covered with smooth, shining skin (the moist herpes on the legs are called salt rheum); or crusts raised above the surrounding skin, round in form and with deep red, painless borders with frequent violent stitches on the parts of the skin affected; or small round spots on the skin covered with bran-like dry scales which often peel off and are again renewed without sensation; or red spots of the skin which feel dry with burning pain, somewhat raised above the rest of the skin.

Glandular swellings around the neck, in the groin, in the bend of the elbow, of the knee and in the axilla. At times they pass over after lancinating pain into a sort of chronic suppuration, in which, however, instead of pus, only colorless mucus is secreted.

Disagreeable dryness over whole body.

Perspiration comes too easily from slight motion; even while sitting, he is attacked with perspiration all over or merely on some parts.

Cutaneous eruptions of the beard and of the roots of the hairs of the beard with itching. Eruptions of the face, innumerable kinds.

Eruption on the head, tinea capitis, malignant tinea with crusts of greater or less thickness, with sensitive stitches when one of the places becomes moist; when it becomes moist a most violent itching; the whole crown of head painfully sensitive to the open air with hard swellings of the glands of neck.

Look into any work on the skin and see how closely the above mentioned symptoms of psora agree with the symptoms of eczema in its various forms.

After thus placing the underlying cause of eczema upon the psoric diathesis is it to be wondered that our remedies, most often curative in this condition, will be the anti-psorics?

As to the remedies that may be indicated in these cases most any remedy in our vast materia medica may be the one that will bring your individual case back to a healthy plane, for in skin diseases more than any other the remedy to be curative must not only correspond to the particular skin symptoms of your patient but above all must be indicated by the general state of the case. Much care must be used or vast harm will result from an improperly selected remedy. I know that skin lesions with their symptoms can be suppressed with the homœopathic remedy, administered internally, as surely and with as disastrous results as they are with applications of zinc ointment or other local measures. The following eighteen remedies will be found indicated probably more often in your cases of eczema than many others, and I will simply give the particular symptoms of each that have reference to the skin lesions:

The cases which call for Alumina will suffer with dry, tettery, itching eruptions that are worse in winter; itching worse in a warm bed, scratches until it bleeds, when it becomes painful. Associated with this we will find the peculiar constipation. Looking back to childhood we find they craved starch, chalk, charcoal, dirt, rags and other undigestible things. There will be a history of latent syphilis or inherited syphilis engrafted on a psoric basis. Most often the patients will be spare, thin subjects, dark com-

plected, dry skin, dry hair, and will have a mild and cheerful disposition.

Antimonium tartaricum will manifest the pustular eczemas. The eruption on the hands and face will have a deep erythematous base and area, with itching pustules that soon dry up; pustular eruptions about the nose and face; vesicles all over the body which quickly fill with pus and dry into crusts umbilicated pustules that are very similar to small-pox, globular pea-sized pustules which leave a scar or a bluish-red mark; large blisters filled with serum. The crusts formed by this remedy are thick and dark. The pustules formed by this remedy resemble very closely those produced by vaccination, and the resulting scar made by an application of the crude drug so closely resembles the scar of vaccination that it has been used with success to produce the vaccination scar demanded by the boards of health. The tongue of the Antimonium tartaricum patient will be white and pasty looking. The skin of the whole body will be dry and look shrivelled. The patient will have a great dread of being touched and the child will whine and cry if touched or picked up. The older patients will be extremely apprehensive, easily frightened and dread being left alone.

The eruptions of Apis will be erythematous and show swelling and marked œdema. These will be worse on the face, lips, nose, ears, throat, hands and feet. There will be circumscribed spots that itch, burn and sting and will be relieved by cold applications and bathing; aggravated by heat and warm room. There will be fine points at which there will be a stinging pain, this will be followed by intense itching. There may develop dark red papules with a deep red rash. The skin will often be swollen, œdematous, pale, waxy or dirty looking. Apis will often be indicated in maltreated cases where there develops meningeal symptoms. Your Apis patient will be irritable, hard to please, apprehensive, fear or more often a dread of death, with a tearful mood. Your Apis patient will tell you she has nothing to cry over but feels as if she must sit down and burst into tears. In your cases that may demand Apis remember that it is complementary to Natrum muriaticum, and should never be given after Rhus toxicodendron.

Those old deep-seated chronic cases that have been maltreated for years will come to you and present a picture of Arsenicum album. The forms most often found under this remedy are the dry squama, thin dry, white bran-like in character; vesicles are small, transparent which secrete a thin watery exudate, yellowish in color which excoriates the parts that it passes over. All eruptions itch intensely and burn like fire; after they are scratched the burning is intensified and is associated with severe smarting. The itching and burning are relieved by heat and warm applications. The skin of the Arsenicum patient is dry, rough and dirty looking. The children are emaciated and are poorly nourished. This remedy covers the dry, red, blue or black scaly eruptions better than any other remedy.

Agaricus muscarius has an eczema with dry scales and severe itching burning pains, resembling Arsenicum in character, but with this there is a pricking in the skin like electric shocks and the burning and itching is temporarily relieved by ice cold applications. The eruption of Agaricus is mostly on the hands and arms and is usually found in persons troubled with chilblains.

Baryta carbonica, while not primarily a remedy for eczemas, is one of our deep acting antipsorics, and often comes in as an intercurrent with Tuberculinum, Psorinum and Syphilinum. The skin symptoms produced by Baryta carbonica are red excoriated areas in the folds and flexures of the body which itch and burn and tingle, and are always aggravated by scratching, rubbing and thinking about it. Is useful in the eczemas of drunkards.

Calcarea carbonica presents a typical picture of a psoric patient, and it is in the skin troubles of our deeply psoric little patients where we get such happy results in the eczemas of our light-haired, blue-eyed, sweating babies. The forms of eczema which call for Calcarea are pustular and vascular—either moist or dry scabs or crusts—usually located on the scalp, behind the ears and face and forearm. The discharges are light yellow, offensive and pus-like. The crusts are thin, red or brown, but the yellow exudate may form thickly, giving the appearance of thick yellow crusts. The itching is relieved by cold and cold applications. The calcarea baby deficient in bone salts, unable to digest and assimilate its starches with the various and many symptoms associated is so familar to every one of you that repetition would be tiresome. About the administration of the remedy, when indicated, will say that great care must be employed here or your results will be disappointing. In your older patients the remedy should not be repeated without an intercurrent. In the children you will have to repeat the dose at from intervals of from four to eight weeks, depending somewhat on the reacting power of your patient and the strength of the dilution given. Do not expect to cure these cases by the continued administration of this remedy at intervals of a few hours continued for many weeks.

Graphites, while one of the most abused remedies for eczema, is capable of wonderful results when given for the symptoms of your patient and not because we have a moist eruption behind the ears. While the Carcarea patient is always in a perspiration at the least exertion our Graphites case will never perspire. The skin in these patients will be thin and sensitive, their hands are always chapped, dry, greatly thickened on the hands and fingers, horny, fissured,

deep cracks that bleed easily or exudate a watery sticky fluid. The favorite seats of the Graphites eruption are behind the ears, joints and flexures of the body, hands, face and lips. The eczemas have a profuse serous exudate and are worse in snowy and wet weather. These eruptions itch and burn violently and often alternate with some internal condition.

Hepar sulphuricum is a remedy that is often indicated in the pustular and erythematous forms of eczema in torpid lymphatic patients with light hair, flabby muscles, who are extremely sensitive to the cold and touch; our croupy children who perspire easily and have an unhealthy skin on which every little injury suppurates and heals slowly will develop an eczema with a profuse yellowish discharge, red and raw, which will bleed easily, and is very sensitive to touch; covered with a thick yellow crust oozing a yellow pus, smelling like old cheese. These little psoric patients will call loudly for Hepar, and though you may give Calcarea, which it closely resembles, your case will never be cured until it gets Hepar sulphuricum. The eruptions of Hepar seldom itch much but are rather extremely sore and sensitive to touch and cold. The eczema will often spread by new papules appearing on the outer surface of the patch and so cover a large surface. There are some skin conditions of Hepar which itch severely, but these are the fine rashes, and when they are scratched they burn and itch all the more.

Lycopodium is another of our anti-psorics which covers eczema. This remedy having many psoric symptoms. The skin symptoms closely resemble Calcarea carbonica and Hepar. The eruption of this remedy will first be vascular, then dry, humid, suppurating and full of rhagades. The crust formed will be thick, moist, bleed easily. The favorite site is the face, head and behind the ears and genitals. All the eruptions have a tendency to ulcerate and itch worse at night while in bed. The skin symptoms are accompanied by gastric and intestinal disturbances with much flatus and belching. Lycopodium follows well after Calcarea, and is used as an intercurrent for our cases of eczema in older people.

Mezereum has symptoms of eczema rubrum in patients with latent syphilis. This remedy is useful as well in those who have skin symptoms developing after the abuse of Mercury. With the eruption there is an intolerable itching and a profuse serous exudate which forms thick crusts which ooze a bloody, sticky, purulent secretion. The eczemas behind the ears resemble Graphites. The itching of Mezereum is worse at night and from warmth. The lesions are usually worse on parts of body devoid of fat. The vesicles leave a brownish scab which is thick and lamellated, and has a bloody secretion underneath.

Natrum muriaticum has fine vesicular eruptions all over the body, with intense itching that is aggravated by cold air and undressing; vesicles dry up leaving a thin crust. Under this remedy we find an inflamed eczema with raw surface discharging a corrosive fluid; this is apt to be in the edges of the hair, genitals, bends of joints and flexure surfaces of body. The crusts of Natrum muriaticum have deep cracks. The eczemas are always worse by the sea air or sea bathing. Our Natrum muriaticum patient is despondent, low spirited, who craves salt and sour things, and who has a tubercular diathesis.

Psorinum from the fact of its being a nosode, the product of the psoric miasm, we would expect it to cover many of our cases of eczema; but while its pathogenesis is full of many skin symptoms I have not found it to be indicated in many cases, primarily. Where I have obtained the best results from this remedy is in its use as an intercurrent used as a medium to arouse the vital force to react and throw off symptoms that may be removed by some other remedy. The particular skin symptoms referring to eczema are as follows: Eruption dry (squama), scaly, moist or suppurating with a very offensive scanty greenish-yellow discharge. Eruptions of the scalp, behind the ears and hands and flexures of the body. Discharges thin, fetid, excoriating, itching worse at night and in open air, better by warmth and rest. Worse cold winter and better in summer. The itching is intense and is not relieved by scratching.

Rhus toxicodendron develops a dark erythematous eruption which is more or less vesicular with a thin, watery, dark colored, offensive secretion. There is a hardening and thickening of the skin, thin brown crusts, intense itching and burning, worse by warmth and better from motion and rubbing. The vesicles smart and sting, and this is relieved by breaking them. After breaking they exude a straw colored serum. The eruption is usually on the scalp, face, hands, lower extrimities and genitals.

Silicea is a remedy that is often indicated after Calcarea or Graphites and Hepar. The eruptions produced by this remedy are small pustules which have a tendency to burrow and form ulcers. The exudate is greenish-yellow and watery. The eruption burns during the day only, and the itching is relieved by hot applications. Our patients who require Silicea have a deep psoric strain mixed with a tubercular diathesis. The remedy is deep-acting, and when curative its action will continue for many days, and should never be repeated as long as symptoms are being relieved.

Sulphur will be indicated in those patients who have a dry pimply skin and who seldom perspire. The discharges under this remedy are usually scanty and often bloody. All eruptions itch intensely, which is aggravated at night and by warmth of bed; scratching relieves the itching, but is followed by burning and smarting. The Sul-

phur patient will scratch until it bleeds. All the eruptions are worse from bathing. The skin is rough and scaly and scabby. Soreness and rawness in the folds of the skin. Sulphur like Psorinum is most often useful to rouse the reactive power of the system where the more closely indicated remedy will be able to remove the symptoms.

Syphilinum will be indicated in those cases of eczema following tertiary or latent syphilis, especially in the pustular forms. The pustules contain yellowish-green, thick, ichorous and offensive exudate. The crusts formed are dark green to black and ooze an ichorous, bloody pus. Brown scaly patches in bends of elbows. Dry, scaly, brown or copper colored eruptions. Eruptions are not sore to touch, itch only slightly and are worse from heat, moisture and in the summer. This remedy follows Sepia well and will clear up cases where Sepia has ceased to act.

Tuberculinum has an eczema closely resembling that of Natrum muriaticum, Arsenicum and Hepar, and is often indicated as an intercurrent with these remedies to arouse the vital force to react to the first remedy. The eruption of Tuberculinum is peculiar in that it has pustules which come in crops and which contain a greenish pus. There may be oozing behind the ears, fiery red skin with rawness in the folds. There may be small dry fissures with slight hæmorrhage. Many of you have cured cases of eczema with the homœopathic remedy, and no doubt your most brilliant results have been with the scald heads of infants, so in reviewing a few cases that have been cured by me with the remedy I shall pass over these cases and give a few of the old chronic skin cases in adults that have been cleared up with the indicated remedy.

Mrs. E. C., age 42. History of eczema of face of fifteen years' duration. Red inflamed area covering right cheek and chin, partly covered with dry, white bran-like scales. Burns and itches intensely, aggravation from scratching. Sometimes purulent excoriating secretion on portions; this is followed by formation of brown crusts that leave bleeding surface when removed. Burns as from red hot irons; worse from cold and at night, relieved by dry warmth.

Always worse in cold weather.

Has had all sorts of treatment, X-ray, Finsen light baths; nothing gave but temporary relief of burning.

Uterus removed four years ago for fibroid.

Burning pain at the beginning of urination.

Hæmorrhoids sore, bleeding, sticking burning pains worse at night.

Tip of tongue feels as if burnt, red, cracked and dry. Great thirst for cold things. Aversion to pork, fat and pastry. Craves coffee (excessively used).

Apprehensive, melancholy evenings when alone

4-3-10. Arsenicum album 200, four powders. This was followed by severe aggravation which did not subside until 4-28-10. At this time scales were less.

6-21-10. Symptoms are returning. Arsenicum album 500, one powder. This was followed by aggravation which lasted nine days.

8-26-10. Spot is much paler, scales nearly gone, no crusts, some burning.

10-5-10. Symptoms returning. Arsenicum album 1 m., one powder. Aggravation lasted five days.

10-20-10. Hæmorrhoids do not trouble, stomach all right.

1-6-11. Some return of eczema. Arsenicum album c. m. Aggravation severe six days.

Patient was discharged entirely cured on 6-5-11.

Case 2 was one in which Natrum muriaticum cleared a troublesome eczema of the neck and scalp of many years' duration.

Miss C. C., age 28. Skin at edge of hair and back of neck red, scaly, raw, watery, oozing, few vesicles; stinging and itching worse morning, summer and heat; relieved washing in cold water. Redness has been constant since childhood.

Stool hard, dry, crumbles; stitches in rectum after stool.

Menses every twenty-one days; breasts swollen and painful before menses. Flow scanty and pale followed by itching in vagina.

Craves salt and bitter things.

Sad, tearful, depressed. Sleep troubled by dreams. Much yawning during day.

Natrum muriaticum 200, four powders. 3-26-10.

5-2-10. Reports sleeps better; menses better color and more profuse; raw spots healing and itching somewhat better.

Eruption was worse on 5-28-10, when Natrum muriaticum 1 m. was given, one powder.

Patient discharged July 14th, '10. The eruption and redness gone, menses normal; itching gone; stool (normal) daily.

The next case was one Mezereum, cleared, and gave the following history:

Mrs. H., age 72. Psoric, very fleshy. Has had repeated small boils in external auditory canal. Whole ear itches and is covered with fine white scales. Oozing yellow serum during night.

Skin under breasts raw, moist, sticky with intense itching at night.

Severe itching all over body at night, first in one place then in another, which is relieved by scratching.

Small vesicles on sole and inner side of foot and dorsum of great toe. Turn to pustules rapidly, which contain white pus. Intense itching when vesicles are forming.

Mezereum 200, four powders, 7-6-11.

8-4-11. Mezereum 500, one powder. Boils in ear gone. Pustules on feet less in number. Skin under breasts healing. Itching much relieved.

Mezereum 1 m. and c. m. was given 9-18-11 and 11-6-11, respectively. After this the feet, ears and skin under breasts healed and symptoms did not recur. A dose of Mezereum 1 m. had to be given about every two months for a year to control and cure the nocturnal itching.

Case 4 was one of an eczema resulting from the maltreatment of scarlet fever by Belladonna. Miss F., age 28. Scarlet fever two years ago, since then the eruption has been constant; in fact, it never faded. Desquamation was slow, taking over six weeks. Belladonna 3x was given t. i. d. during the attack. Ever since has been troubled with itching worse at night and from warmth. This has been gradually getting worse until it seems as if she would go insane. Has to scratch until it bleeds; this is followed by a bluish scar crescent in shape. The itching starts from a small spot which stings and itches.

The history of the attack of scarlet fever showed that Apis rather than Belladonna was indicated at that time. Apis also covered the skin symptoms. On 1-14-13 Apis 1 m., two powders, were given. This was followed by a severe aggravation which lasted forty-eight hours. Then rapid improvement took place. 1-20-13, reports all itching gone, scars are fading. 2-4-13. No itching, many scars have gone and those left are fading.

Case 5. Miss C., age 32. Has had periodical eruption behind right ear since childhood. Returning every winter, sometimes it would miss a year. Eruption moist, sticky, oozes thick serum; itches some at night. Cracks and bleeds. Has been treated with zinc ointment on each return of trouble.

Stools hard and rough, covered with mucus; always troubled with mucus in stools since childhood. Hæmorrhoids.

Menses late, scanty, severe cutting colic before with pain in sacrum. Nausea and coldness of hands and feet. Weakness after menses with smarting in vagina.

Aversion to fish and salt.

Graphites 200, six powders, was given 10-10-12. No change, and on the 16th the 1 m., one powder, was given. The eruption did not improve but seemed to be gradually getting worse, although the stools were some better and did not contain so much mucus.

10-28-12. One dose of Psorinum c. m. was given. This brought out the following symptoms: Itching worse from warmth of bed and damp wet days. The eruption is still spreading. 11-5-12. Graphites 200, six powders. This was followed by steady improvement until eruption had nearly disappeared. On 11-29-12 there was some return and Graphites 1 m., one powder, was given. After this all disappeared, and on the 29th of December the ear was well. The last menses was normal as to flow with no pain or nausea.

In closing will say a few words regarding the adjuvants in the treatment of skin diseases and eczemas in particular. Remember that the underlying cause is constitutional no matter what the exciting cause may be, and that the eruption on the skin is an effort on the part of nature, through the vital force, to throw off the disease condition to the surface or from within outward. Keeping this in mind, and with the one object in view of establishing a cure by means of assisting nature to throw off symptoms from within outward, we will never use any ointments or lotions to suppress. If the skin is cracked and dry requiring a lubricant pure olive oil will serve the best and without effecting irreparable damage.

The troublesome itching and burning of eczema must be cured by the homœopathic remedy administered internally if we desire to effect a natural and permanent cure. The alleviation and controlling of this itching is one of the first signs that our remedy has reached the bottom of the case and will be curative. The exciting causes, such as abuse of drugs, external irritants, vocations, heat and cold and errors of diet, must ever be kept in mind. These must be removed before we can expect curative action from our remedies.

The exciting cause of many of the eczemas in children will be found in errors of diet, and until these are corrected we might give medicine indefinitely with no curative results. [Rochester Hahnemannian Society.]

SOME CASES.

BY R. C. MARKHAM, M. D., MARQUETTE, MICH.

Case No. 1.

From My Case Record of Date April 21, 1897.

Pleuro-pneumonia as a result of getting wet while heated in walking.

The left lung is involved, both lobes. I prescribed for him first last Friday night, sending medicine from the office, and saw him the next day. This is now Wednesday. The temperature has run as high as 103 2/5, pulse 120, respiration 60. The cutting knife-like pains, aggravated by the slightest movement, coughing, breathing, etc., suggested to my mind Bryonia. It did very little if anything for the case. Phosphorus did no better. Aconite or Sulphur did not help matters, and only the frequent use of Antikamnia and Codeine made it possible to endure the agonizing pain. He had no sleep for four days and nights and took no nourishment whatever.

Matters were looking very grave when I reached the bedside yesterday at five o'clock. Evidently the indicated remedy had not been found. I sat on the side of the bed and this is what I saw: A man, laborer, when well weighing 190 pounds; temperature 103 2/5, pulse 112,

weak and unsteady, respiration very rapid and shallow, constantly interrupted by a racking cough, as though there were intense irritation back of the upper part of the sternum. Constant groaning with pain, shooting from the center of the chest (left) up toward the shoulder, also around toward the back and somewhat downward. Two days previous they had extended to the stomach and abdomen and were of the same cutting nature.

The patient could only lie on his back, somewhat turned away from the affected side. He called for water constantly of which he took but a swallow at a time, not, as he said, because he was thirsty, but to wet his mouth. The tongue was thick and deeply tooth-indented. He had an anxious look and did not want to be left alone. There was a suggestion of the typhoid appearance in the face. While he feared to move and was greatly aggravated by the effort to cough, there was a mental restlessness which manifested itself by keeping the attendants constantly doing something for him, such as giving him a drink, rubbing a hand, the fingers of which he said were numb and were relieved by the rubbing. He was bathed in a sticky perspiration and seemed to get some relief from hot applications to the painful parts, though not a great deal.

In this condition he got a powder dry on his tongue of Rhus tox. cm. The frequency of the cough was at once lessened, there was less groaning with the pain. Water was not asked for so frequently. In half an hour I felt that I might leave the case and return to the city, four miles. On my visit this morning at eleven o'clock, I found that in an hour after I had left he was comparatively free from pain. That he had slept a good deal through the night and had taken some milk as nourishment. He was now suffering very little if any pain except when he coughed, and the intervals of coughing were far apart. He was looking bright and smiling. The temperature was 102 1/5, pulse 96, strong and regular. The respirations were very much lessened in frequency. He had taken altogether four doses of the Rhus tox., and a seemingly desperate and almost hopeless case had been miraculously changed in this brief time into happy convalescence. Medication was suspended unless recurrence of the symptoms seemed to call for its repetition.

I report one more case of pleuro-pneumonia because of the unusual remedy required to effect the cure.

Case No. 2.

Pleuro-pneumonia, a school-girl, age 16, exposure and much exertion in wading through deep snow to and from school. From case-book of date, April 13, 1907.

I was called in the evening of this date to see this case. She had been growing worse all day and when I saw her the pain in the lower right lung was very intense and cutting, and made worse by coughing and all motion. The temperature was 103½.

The symptoms as I saw them seemed to call for Bryonia, which I gave and also ordered a liberal application of antiphlogistine as a dressing. I found in the morning that the dressing had been kept on but a short time because the patient said the heat and the pressure were unbearable. She had had no sleep and the suffering was worse, and the temperature now 104.

There was now a rattling cough, bloody expectoration added to the first condition and I gave Antimonium tartaricum. This was early in the morning. In the late afternoon I saw the case again and found the conditions practically unchanged, and let the remedies act for the night.

In the morning I found she had had no sleep and a very restless, painful night, and was weaker. She was sure that heat of all kinds, local and general, made her worse. There was little thirst compared with the fever present. I changed the remedy to Pulsatilla. She just barely held her own for twenty-four hours. There was certainly not the improvement that the clearly indicated homœopathic remedy always brings about when given.

I decided to give Sulphur and see if it would not develop the case more clearly or make it possible for the seemingly indicated remedy to act.

Another twenty-four hours found matters worse rather than better. All through the case there had run one symptom that I had ignored because it pointed to such an unusual remedy for pleuro-pneumonia, namely, "the bed is so hard I can't stand it." She had said so much about this that she had tried all the beds in the house, finally winding up at the starting place and finding none of them soft. I now discovered that she was sore all over as if bruised and beaten.

I now determined no longer to withhold the remedy that covered *all* the symptoms, as I had by this time learned in a very careful office study of the case the evenings and days now gone. This morning I gave the patient Arnica 1m., a powder dry on her tongue. She received but two more doses at intervals of twelve hours. She needed nothing more. The medicine acted like magic and the pain was gone in a short time to return no more. The temperature dropped and gradually made the normal mark, and staid there. There was no effusion to cause trouble nor adhesions. This was on the 17th. On the 21st I dismissed the case as convalescent. She was up and dressed within a week and downstairs, none the worse for her sickness.

It is easy to look back and agree that she should have had Arnica the first time I saw her. I am happy that she had it on the fourth day. I should be glad to be able to spot the remedy on the first visit always, but at the end of a thirty years' experience, aided by the best reper-

tories, I find I often need to study and compare and feel the way to success.

There were a number of similar cases in the city at this time and several deaths under the allopathic treatment. There were several operative cases to relieve the effusion as a result of the pleuritic condition. Two of these cases were fatal.

I will simply add that two years later this patient had appendicitis with its characteristic diagnostic symptoms and excruciating pain. Going with the case was the same old flesh soreness all over the body. "Bed too hard." Arnica again cleaned up the case promptly and no operation was necessary. The potencies chosen in these two cases were a Skinner in the first and a B. & T. in the last. Both verified repeatedly.

MY PLAN TO PLACE HOMŒOPATHY ON THE PROPER BASIS AS THE SCIENTIFIC THERAPEUTIC RESOURCE OF MEDICINE.

BY FRANK F. CASSEDAY, PH. B., M. D., PORTLAND, OREGON.

MODERN conditions of society demand that any cause or movement, no matter what its merit or how much it will benefit the world, must have an organized body of earnest, aggressive, and forceful men and women behind it, otherwise it will fail or die of inanition. The activities of the individual in modern society are increased a thousand fold over twenty or even five years ago. There is so much to distract attention and interest that without continued publicity any cause will fail.

Homœopathic physicians as individuals are doing well in a financial way, but organized Homœopathy is losing ground. There is no concerted and organized effort to educate and increase the number of patrons of Homœopathy, to make new converts to Homœopathy, to demonstrate by public lectures the efficacy of the treatment, to describe the institutions and describe their work, to give comparative statistics or to educate the rising generations to the benefits of the treatment and give concrete examples. The public needs education and needs it constantly year after year.

The old school has failed. They confess their inability to cure disease by means of internal remedies. They run after serums and specifics.

The old school are telling the people that Homœopathy is dead. As the homœopathic physicians fail to give the lie to these statements as they should the public, owing to the lack of protests from the homœopaths, are coming to believe that these lying statements are true.

The old school by flattery, cajolery and promises induce homœopathic physicians to join old school societies, and then literally hug them to death, and thus make a new kind of doctor, namely, a homœopathic physician by education, an old school physician by absorption, which equals an old school physician plus a little Homœopathy. The primary class in school had been listening to a description of birds and bird life. A little wren was described as a small brown bird, small head, and a little short tail, nothing to speak of. At a school exhibition held soon after a little boy described the wren as follows: "A little brown bird, with a small head and a little tail, but you must not say anything about it."

The Mormon Church carries on a constant campaign of proselyting year after year all over the world, and today it is one of the most stupendous religious, business and political organizations the world has ever seen. No noise or conflict, just constant unceasing publicity.

The Christian Science Church has the most complete system of publicity to meet the public in a large way. Their system consists of lectures to the public, a constant stream of literature suitable for publication to 20,000 to 30,000 publications all over the world, replies to criticism both friendly and unfriendly, local representatives to answer criticism and report same to head office, and personal letters and articles. It has built up a marvelous organization and practically stifled opposition, adverse criticism, and is constructive to the last degree.

The Osteopaths are carrying on a publicity campaign.

The old school are carrying on a sort of campaign of publicity, but it lacks unity and plan.

My plan includes:

1. Central Publicity Bureau composed of from three to five men under the authority of the American Institute of Homœopathy. One man in charge who can write live matter in a popular vein free from technicalities, boiled down, plain and newsy.

The work of this bureau will include general supervision as follows:

(A) Writing, printing and distribution of live matter printed on slips (on one side only) on health, sanitation, food, diet and Homœopathy, and distributed to 20,000 to 30,000 newspapers and other publications weekly and monthly, year in and year out. (B) Writing and distribution of missionary slips with boiled down information about Homœopathy with comparative statistics in quantities free to homœopathic doctors. Said slips to be distributed by each physician in his own locality with his own card. (C) Clipping record. Clippings from all newspapers, magazines, etc., supplied by a clipping bureau. All clippings referring to Homœopathy in any way. This is the basis of the entire work. All adverse criticism as shown by these clippings, whether inspired by malice or friendship, should be supplemented by sending more matter to the critical publications, with personal letters in a

conciliatory vein. (D) Organization of the doctors locally through correspondence from the Head Office, with suggestions as to the most effective methods of procedure, local organization, and constant interchange of ideas, suggestions, as to ways and means of pushing the campaign. (E) Distribution of press notices to the homœopathic medical journals. These to be printed on one side of slips ready for clipping for publications. (F) Co-operation with all foreign homœopathic organizations carrying on publicity campaigns, and inviting suggestions and facts about the foreign work. (G) Distribution of reports of the work and statistical information to all homœopathic medical societies the world over, and arranging for an exchange of courtesies in the way of statistics, suggestions and information between the American bureau and societies. This to include all colleges, dispensaries, hospitals and affiliated organizations interested in the campaign.

2. The Public Lecture Plan. Public lectures given by physicians in towns and cities throughout the country. Country will be divided into from six to eight zones. For example—Pacific Coast States of Washington, Oregon, Idaho and California will form a zone. Physicians of one State will go to adjoining States and give public lectures, thus exchanging courtesies. This work can be done at no expense. Able men will be glad to go any reasonable distance and pay their own expenses. In special cases traveling expenses can be paid where the distance is great. Under this plan is no necessity for men to go from extreme east to extreme west, or vice versa. A useless expense. Other zones can be organized in the same way—as Middle west, Middle south, Middle east, Middle east-south, East, and East-south, or any form desired or convenient, depending on population, facility of transportation and large centers.

3. No traveling representative needed to visit the doctors. Money expended for such a useless officer more effectively used for publicity work. Physicians are intelligent men and women. They can be reached by correspondence with Head Bureau. As soon as plan is developed and the tide sets in for Homœopathy the American Institute of Homœopathy will have the largest and most active membership of any society in the world. Show the doctors that they will be placed in touch with the people. That is all that is necessary.

4. No journal needed. Let the medical journals do the medical end of this campaign. Help them. Encourage them. Furnish them material and financial aid by means of distribution of special editions devoted to certain matters from time to time.

5. Financing the Campaign. There are something like fifteen thousand homœopathic physicians in the United States. At two dollars per head a year that yields thirty thousand dollars. Many can and will contribute from ten to fifty dollars a year for ten years, so in case the number of individuals is less than my estimate the amount available will not vary materially from the sum indicated. Even twenty-five thousand dollars for the first year expended on the work would work wonders. Let the money be used to pay for live wire men who would do things. Cut out the pensioners and get workers. A live active man who understands publicity work, with a corps of stenographers and typists, and mailing clerks, could make the entire population of the United States sit up and take notice within two months that Homœopathy was alive, was growing, was the real method of cure, and the battle would be half won, provided the campaign was continued year after year. No fancy offices or highly paid high browed loafers can be used. The men to make this thing effective must be real workers who will take off their coats and keep busy.

The expense of the lectures will be met by each local body of physicians. They will hire the hall or theatre (no churches should be used to avoid social entanglements), some good music, pay for advertising the lecture, arrange for stenographic report of lecture to be published in the papers the next day. At the lecture leaflets about Homœopathy, previously sent by Head Bureau, will be distributed to the audience together with a small leaflet giving the name and address of each homœopathic physician in the city who contributes to the movement. Leave out all who refuse to co-operate, as they will be glad to come in when the movement is started.

Nothing unprofessional or unethical about the whole matter. It is education of the public. The public want the services of physicians who will give them relief. The old school physician cannot give it according to his own confession.

If the people attending the public lectures in the cities are not informed as to where these homœopathic physicians, who have been in hiding so long, can be found, the laity will be left suspended in midair and the entire object of the whole movement will go for naught. Some selfish physicians who are well established will refuse to come in for purely selfish reasons. Cut them out and forget them. They will be knocking for admittance later. If they never come in the loss is theirs, as they can do no possible harm to the movement.

I would also suggest the city directories be ordered to insert a heading for "Homœopathic Physicians," telephone directories the same, and let every earnest homœopathic physician display his colors on all occasions. If homœopathic physicians are ashamed to announce themselves as such we cannot expect the press and the people of the country or the world to take Homœopathy seriously.

THYROID EXTRACT.

BY DR. FRED. J. E. SPERLING, SAVOY THEATRE BUILDING, WILKES-BARRE, PENNA.

THYROID extract is a valuable agent in the practice of medicine, when administered upon a scientific basis. Great care must be exercised in prescribing this remedy. Each case is a study in itself, consequently it cannot be used in every case of goitre.

"The thyroid gland is the best understood of all the ductless glands, and its functions are so many and diverse that the story of its physiologic activities seems scarcely believable." Yet what we know is limited, as there is more in the action of this agent than is recorded in the literature.

A perfect secretion of thyroid is necessary in all healthy bodies for the proper development of the system, for the prevention of diseases, for the regulation of the female organs in their functions and secretions, etc.

Thyroid extract is the active principle obtained from the thyroid gland. Some glands possess more active principle than others; the quantity is variable. This agent is employed with great success in the treatment of goitre and in reducing superfluous tissue. It is contra-indicated in cases of albuminuria, glycosuria, heart lesions, etc.

The dose varies from one to five grains, two or three times a day. The dose should not be large, as often a clear-cut case of proving is experienced. The dose should never be so large as to produce such symptoms as tachycardia, exophthalmos and oppression. In some cases, even when thyroid extract is given in small doses, vertigo, palpitation, dyspnœa, anxiety, restlessness, etc., have occurred. This can be avoided either by discontinuing the use of the drug or prescribing it in smaller doses. The amount that can be taken depends upon the condition of the patient's health and his diet.

When large doses of thyroid are given the patient must not be restricted in diet. The proteids must be given in moderation and, as a rule, I usually increase the proteids. This substance not only destroys adipose tissues, but also the muscle.

My experience is that we obtain better results by beginning the dose at one (1) or two (2) grains three times daily, and increasing the amount one grain every three days. We should begin the gradual dose and watch the patient closely, making it a rule to examine the heart and urine from time to time.

May I add that goitre often occurs in connection with obesity, and inoperable cases have been cured by this remedy. In other cases temporary relief has been observed while the patient was taking this agent. The tumor was reduced in five cases, and a hard, knotty mass remained.

It has been often asked: "How does thyroid reduce or assist in reducing adipose tissue?" It seems to be an accepted theory that the thyroid tissue forms an iodine containing globulin; that this globulin is possessed of power and action that render an otherwise toxic nucleo-proteid harmless; that the resultant of this inter-action is again decomposed within the thyroid tissue into a nucleo-proteid and a globulin holding in suspense a small portion of iodine. Finally these two substances are taken into the blood and lymph.

This agent has a very marked action upon the female organs and is very useful at the climacteric period, especially when it is associated with obesity. Thyroid can be given with more safety, with less care, and with more pleasant results than attend the administration of the more severe drugs, such as iron, manganese, etc. It has no local action upon the stomach.

In several cases, it proved to be a diuretic. When prescribed to obese patients at the climacteric periods diuresis was often noted. In diseases of the kidneys following retention of urine, when auto-intoxication took place, thyroid promptly antidoted the poisoning and removed most of the symptoms.

In some thirty cases of children, who were found to be slow in development, thyroid proved a valuable aid. By giving one-half to one grain twice or three times a day for a few weeks, followed again by the carefully prescribed homœopathic remedy, admirable results have followed.

In obesity it has been heralded with success, either being used alone or in connection with the Vichy and Kissingen Salts. Thirty-four cases out of forty-one responded to this remedy. In most cases, when it has been found that the patient becomes tired of using the salts, or when gastric disturbances take place, the thyroid tablets are given alone, increasing the dose according to conditions. As previously mentioned, the patient must be examined once a week, as when too much thyroid is given, annoying symptoms are produced. These symptoms can be eliminated either by the use of Fowler's Solution or, better still, by reducing the dose. I am not in favor of using the Fowler's Solution. The dosage given varied from three to six grains three times a day.

In vomiting of pregnancy repeated successes have been recorded. In obstinate cases, which do not respond to the ordinary treatment, chloretone and thyroid may be used, giving three to five grains of chloretone in iced wine, before rising and about 3 P. M. During the day three tablets of thyroid, two grains each, are given. Repeated efforts were made to control the cases alone on either chloretone or thyroid; used in this combination results were seen in eleven cases which did not respond to treatment by dietetics and ordinary remedies. Seven cases were cured by thyroid given in divided doses.

A new class of patients has been started who

will take thyroid extract for three weeks, quit for two weeks and then begin using thyroid again. I shall endeavor in a few months to publish detailed symptoms of thyroid extract provings. We need to study its action at the climacteric period, as all its good results are not yet known.

In conclusion, may I add that all thyroid preparations upon the market at the present time, do not give the same results. Many preparations produce numerous reflex symptoms. In making the provings my attention has been turned to thyroid tablets made by Parke, Davis & Company. There are numerous preparations on the market, yet my experiments have been with Parke, Davis & Co. tablets, which seem to give me entire satisfaction.

SELECTIONS.

A PRIVILEGED MEDICAL CLASS—THE LATEST MOVE OF MEDICAL TRUST MONOPOLY—A WARNING TO THE PROFESSION, THE PUBLIC, AND ESPECIALLY TO STATE LEGISLATURES AND MEDICAL EXAMINING BOARDS.

BY G. FRANK LYDSTON, M. D., CHICAGO, ILL.,
Professor of Genito-Urinary Surgery, College of Physicians and Surgeons, Chicago, Ill.

THE attempt by certain medical monopolists to "corner" everything pertaining to medicine and surgery in the United States is so flagrant that it is marvelous that the rank and file of the profession does not wake up. Medical schools, health boards, medical journalism, medical publishing, medical advertising, medical appointments of all kinds; the Medical Octopus is after them all—and is likely to get them all, while the profession sleeps.

One might suppose that the Medical Department U. S. Army could not be made the playground of the Medical Octopus. Not so, however; in the near future I shall prove to the citizens of this country that the Medical Department of the Army is dominated by, and subverted to the base uses of, the dominant American ring of medical politicians. I ask the profession to read and carefully weigh the proof which I shall later submit.

I shall herein limit myself to the presentation of as pretty a little scheme of professional graft as ever has been sprung upon an unsuspecting public and long suffering profession; I refer to the establishment of a privileged class from the army, navy and marine hospital medical services,* and the proposed attempt to add to this class the Medical Reserve Corps, U. S. A., and to further extend the privileges of all of these branches of the government medical services.

I am of those who believe that the army, navy, or marine hospital surgeon should be exempt from the license requirement for the practice of medicine only so long as he confines his work to his official duties. The various state laws provide for this. The Illinois law, at least, so provides.

WITHOUT A LICENSE, NO MEDICAL OFFICER OF THE U. S. GOVERNMENT SHOULD BE PERMITTED TO PRACTICE AMONG CIVILIANS. WITH A LICENSE HE WOULD NOT BE PERMITTED TO PRACTICE AMONG CIVILIANS SO LONG AS HE IS IN OFFICE AND DRAWING A SALARY FROM THE GOVERNMENT. WHEN HE DOES SO PRACTICE, HE IS A GRAFTER ON THE GOVERNMENT, THE PUBLIC AND THE PROFESSION. A LICENSE SHOULD NOT BE ISSUED TO HIM WITHOUT THE USUAL EXAMINATION?

The impudence of those who claim undemocratic "special privileges"* for government officials is monumental. Are the army, navy, or marine hospital services such excellent fields for medical training that medical officers of the Government are entitled to "special privileges?" WHAT AN ENORMOUS EXPERIENCE GOVERNMENT MEDICAL OFFICERS HAVE IN OBSTETRICS, GYNÆCOLOGY AND PEDIATRICS!

No government official should be permitted to do civil practice, as will be seen later, yet it is gravely proposed, not only to permit him to compete with the civil practitioner, but to grant him privileges which are denied the latter! Once the medical officer—or former medical officer—is launched in private practice, he would be protected from competition by the rigid examination for a license to which should-be civil competitors are subjected.

The Medical Reserve Corps, U. S. A., was a scheme of the Medical Octopus by which it proposed:

1. To get its tenacles onto the army, and thereby creep close to the throne in Washington.

2. To get more political influence through the large numbers and wide ramifications of the corps, and more power by having more bribes to dispense, wherewith to win satellites and prestige. As I will prove, in a paper now in preparation, it has done these things most effectually.

THE FIRST BATCH OF APPOINTEES TO THE MEDICAL RESERVE CORPS OF CHICAGO COMPRISED THE EDITOR-MANAGER-BOSS OF THE A. M. A. AND TWELVE OF HIS OFFICIAL FAMILY, ONLY ONE OF WHOM HAD EVER WORN ANY UNIFORM SAVE THE "COLLAR" OF THE A. M. A. EVERY LOCAL OFFICIAL OF THE A. M. A. IS NOW IN THE MEDICAL RESERVE CORPS ASSOCIATION OF CHICAGO, WHICH NUMBERS 112 MEMBERS, TO SAY NOTHING OF MEMBERS AT LARGE WHO HAVE NOT JOINED THE ASSOCIATION. THE FIRST PRESIDENT OF THE

*See 3 a. Ill. Med. Prac. Law. 1907. Still in force.

*See letter from Surgeon General U. S. A., hereinafter presented.

ILLINOIS DIVISION OF THE RESERVE CORPS WAS AN EX-PRESIDENT AND EX-TREASURER A. M. A. ITS PRESENT VICE-PRESIDENT IS A PAID EMPLOYE OF THE A. M. A. WHAT PREVAILS HERE IS DUPLICATED IN EVERY STATE IN THE UNION.

As to the personnel of the Illinois Reserve Corps Association, its roster contains the names of the following: The Editor-Manager-Boss of the A. M. A., two Ex-Presidents of the A. M. A. (one a former Treasurer of the A. M. A.), the Assistant Secretary of the A. M. A., the local Trustee of the A. M. A., two Associate Editors of the A. M. A., a former Trustee of the A. M. A., two editors of subsidiary journals of the A. M. A., the Chairman of the Committee of Public Health of the A. M. A., the Chairman of the Committee on Education of the A. M. A. (and Ex-Chairmen galore), a member of the Council of Chemistry and Pharmacy, A. M. A., three Secretaries of Sections, A. M. A. IN BRIEF, EVERY CHICAGO MEMBER OF THE OLIGARCHIC RING, AND PRACTICALLY EVERY ONE OF ITS SATELLITES, IS IN THE ILLINOIS R. C. A.!

The army commission held by the Medical Reserve Corps confers essentially the same rights and privileges as all other army commissions, although the latter are earned by examination and the former are unearned. That the Surgeon General, working in conjection with the A. M. A., wishes these privileges to be unlimited and unfair to the profession at large will be seen later.

Commissions in the Reserve Corps are supposed to be issued after a rigid examination. The majority of the Chicago contingent were not examined at all—not even physically. Any examination which may have been given in most cases was a farce. So far as I can ascertain, only two were examined as is pretended to be prescribed by law, and these gentlemen were not examined in Chicago. The "examining board" in most cases was a single army medical officer, and the examination essentially consisted of "How do you do? What is your name? Good day."

N. B. PART 14, MANUAL FOR THE MEDICAL DEPT., U. S. A., PROVIDES FOR AN EXAMINATION FOR THE MEDICAL RESERVE CORPS, AS FOLLOWS:

MEDICAL RESERVE CORPS.

(*b*)

"The statement and certificate having been given and the diploma submitted, *the board* will then make a *thorough physical examination* of the applicant, *which must conform in all respects to that required of candidates for commission in the Medical Corps* (Par. 5 a).

"If any physical disqualification for the service is found the examination will be discontinued. *The findings and action of the board will be reported on Form 145 a, modified to suit the case.**

(*c*)

"The applicant having been found physically qualified, *the board* will next proceed with the professional examination in the following subjects:

"Practice of Medicine, Surgery, Obstetrics and Gynæcology, and Hygiene. *The examination will be oral and sufficiently comprehensive to determine whether, in the opinion of the board, the applicant is qualified to practice his profession under the usual condition of the military service. Should the oral examination in any subject be unsatisfactory,* the applicant *may be* required to take a written examination therein.

(Italics mine, L.)

The profession will kindly notice the "jokers" in sections b and c. Most astounding! A report "modified to suit the case!" An examination for an army commission which, it is claimed, should give a man the right to obtain without examination a license to practice in any State in the Union!

The character and comprehensiveness of the "oral examination" are left to the discretion and judgment—and friendship—personal or political—of the "board," a solitary individual evidently acting in most cases under instructions to make the examination a matter of form. *No reliable record is made or can be made of this, nor can it be reviewed, because there are no papers to show. Compare this force with the examinations by the various State Boards—of California, Illinois, or Minnesota, for instance. I would recommend the consideration of the foregoing to the medical politicians who are knocking the Illinois State Board of Health—especially to the subsidized editor of the Illinois State Medical Journal.*

The men who framed Par. 14 of the Manual for the Medical Dept., U. S. A., were either very unintelligent or very cunning. I fancy they were very cunning. I suspect that any one with horse sense will recognize the fine Italian hand which inspired and helped to frame the section of the Manual for the Medical Dept. referring to the Reserve Corps.

What has all this to do with the establishment of a privilege class? Read the following letter from Dr. Lewis and the official reply to an inquiry which he made of the Surgeon General, U. S. A.:

Chicago, Ill., Jan. 10th, 1913.

Dear Doctor Lydston:

In answer to your letter of Dec. 15th, asking me for information relative to the "license" status of the members of the Medical Reserve Corps, I beg leave to submit the answer of the Surgeon General to my query. Relative to your

*The "modification" depending, I presume, on the acceptability of the candidate to the A. M. A.—*L.*

questions as to the examinations for the Medical Reserve Corps, I will state that I, and many others within my knowledge, were not required to pass an examination of any kind.

Very truly,

HENRY F. LEWIS, M. D.,
First Lieut. Medical Reserve Corps, U. S. A.

Letter from the Surgeon General to Lieutenant Lewis:

War Department, Office of Surgeon General,
Washington, Jan. 7th, 1913.

First Lieut. Henry F. Lewis,
Medical Reserve Corps,
4426 Lake Ave., Chicago.

Sir:

The Surgeon General directs me to acknowledge the receipt of your letter of the 2d inst., and in reply, to say that officers of the Medical Corps and Medical Reserve Corps enjoy no *special privileges* nor exemptions under the law regulating the practice of medicine in the various States of the Union.*

This is a matter in which this office is very much interested and which has been under consideration for some weeks past. Inasmuch as the regular Medical Corps and Medical Reserve Corps of the Army are composed of *carefully selected men,† it is believed that their professional standing ought to be recognized in all States, and it is the intention that this matter shall be taken up with a view of securing legislation to that effect.*

†*Which means, either selected by the A. M. A. or approved by the A. M. A.*

"We rely on you and on every Medical Reserve Corps officer to assist in the good work. It is suggested that you take the matter up with the State Registration Board, submitting your commission in the Medical Reserve Corps, and also your diploma, and if possible get their reply in writing. We would be glad to hear from you further on the subject and to know just what reply you receive.

"It is also suggested that you get in touch with the other prominent Medical Reserve Corps officers in the State of Illinois and interest them in the proposition.

"Very respectfully,
(Signed) "CHAS. M. GANDY,
"Lieut. Col. Medical Corps, U. S. A."

(Italics mine.—L.)

UPON WHAT MEAT DO OUR MILITARY MEDICAL CÆSARS FEED THAT THEY HAVE GROWN SO GREAT THAT THEY SHOULD BE EXEMPT FROM MEDICAL PRACTICE LAWS TO WHICH EVEN GREY HAIRED PROFESSORS MUST SUBMIT?

The naive manner in which the Surgeon General, U. S. A., states that, although army medical officers do not now enjoy "special privileges," they and the Reserve Medical Corps members ought to have them really should appeal to those American citizens who believe in the principles of democracy and fair play. Speaking of fair play, where do the medical officers of the Navy and of the Marine Hospital Service come in? The Surgeon General does not mention them.

BEHIND THE LOVELY SCHEME OF THE SURGEON GENERAL, U. S. A., STANDS THE POLITICAL RING OF THE A. M. A., WHICH IS PRESCRIBING RIGID MEDICAL LAWS AND HIGH EDUCATIONAL REQUIREMENTS FOR EVERYBODY BUT THE CHILDREN OF THE OCTOPUS.

The Medical Practice Act of Illinois permits the State Board of Health to issue, "at its discretion," licenses without examination to medical officers of the Army, Navy and Marine Hospital services, and to those who have passed examinations for these services. See the "joker?" What a splendid opportunity for favoritism and graft! The present Board can be trusted, but if the gang that has for so long been trying to oust it ever gets control, what then? Even the present Board would better avoid the appearance of evil.

The A. M. A. Medical Reserve Corps cannot "put anything over" in Illinois, under the present State Board of Health, for a very peculiar reason. The President of the Board, Dr. Geo. W. Webster, understands the situation, as the following correspondence proves:

Chicago, Ill., Dec. 14, 1912.

Dr. Geo. W. Webster,
32 N. State St., Chicago.

My. Dear Dr. Webster:

I am interested in the method of formation of the Medical Reserve Corps, U. S. A. As you are a member of said corps, I take the liberty of asking you the following questions, which I trust you may do me the courtesy of answering:

1. Who constituted the Board which examined you for the Reserve Corps?*
2. Were you submitted to a physical examination, and if so, what was the nature of said examination?
3. If a physical examination was made, was same made a matter of record?
4. Were you examined in medicine and surgery? If so, what was the nature of said examination and in what subjects were you examined?
5. Was the examination oral or written?
6. Was a record made of your examination and markings?

Trusting that you may see fit to give me an early reply to the foregoing query, I am,

Very fraternally,
G. FRANK LYDSTON.

*This is an error. See 3 a. Medical Pract. Act, Illinois.—*L.*

*Dr. Webster did not answer this question, but he and many others have informed me that the formality necessary to enrollment essentially consisted in reporting to the local army medical officer.—*L.*

Answer:

Dear Doctor Lydston:

I was not required to take either a medical or a physical examination.

Very sincerely,

GEO. W. WEBSTER.

Dr. Webster has since stated that he is not quite certain about the "physical examination." I suspect, however, that his memory is too good to have forgotten the details, had he been submitted to the stripped-to-the-skin, rigid physical examination required by the army regulations. (Note Par. 14 Manual for Medical Dept., U. S. A., already quoted).

The President of the Chicago Medical Society, a member of the Reserve Corps, is nothing if not an apostle of "harmony," which, as he was elected on a "harmony" ticket, is but natural. I present his answer to my categorical questions:

Dec. 26th, 1913.

Dr. G. Frank Lydston,

Dear Doctor:

Answering your esteemed favor of the 14th inst., I beg leave to say that, as far as I can remember, I complied with all the necessary requirements.

Very fraternally,

JACOB FRANK.

I replied as follows:

Dear Dr. Frank:

Would you mind giving me an answer to my inquiry of the 14th inst.? You are at liberty to refuse to answer, but evasion is hardly in good taste or worthy of your intelligence.

Very sincerely,

G. FRANK LYDSTON.

To this I received no answer. No comment is necessary save to state that Dr. Frank in a recent conversation had assured me that he was not examined.

My associate, Dr. B. S. Rogers, Major and Surgeon Second Infantry, I. N. G., informs me that he also was not submitted to examination.

I wrote to a number of others who had informed me that they were not submitted to any examination, but received no reply.

One gentleman, who had already told me the facts, called me up by 'phone and said that he did not care to go on record, as he was "afraid the bunch would get him" if he did. Two others, who had already told me the facts, also begged off on the ground that if they went on record it "might hurt their business." Is it not about time that the evil system which is sapping the manhood of the American doctor was overthrown?

PLEASE REMEMBER, MY GENTLE MEDICAL BROTHER, YOU WHO DO NOT LIKE CONTROVERSIES AND OBJECT TO MY "STIRRING THINGS UP ALL THE TIME," THAT IF YOU WANT TO CHANGE YOUR LOCATION TO ANOTHER STATE YOU MUST STAND AN EXAMINATION FOR A LICENSE TO PRACTICE. REMEMBER, TOO, THAT THIS EXPOSE OF MEDICAL GRAFT IS OF VITAL INTEREST TO THE ENTIRE PROFESSION.

Is there not a privileged medical class? Do YOU BELIEVE, DOCTOR, THAT THERE SHOULD BE SUCH A CLASS? If not, get busy with your Congressman, and ask him to help break up the Medical Reserve Corps, U. S. A., secure a new law in place of the farcical one in Par. 14 of the Manual for the Medical Department, U. S. A., and force the reorganization of the Reserve Corps according to the new law. Also ask your Representative in the State Legislature and your State Health Officers and Medical Societies to oppose the plan outlined in the letter of the Surgeon General to Dr. Lewis. Ascertain also whether or not there is a "joker" in your own State law, and if there is, try to knock it out.

The following rule bears upon the method of applying for admission to the Reserve Corps, U. S. A.:

"Permission to appear before the board is obtained by letter to the Adjutant General of the Army, which must be in the handwriting of the applicant, giving the date and place of his birth and the place and State of which he is a permanent resident. He must also furnish certificates, based on personal acquaintanceship, character and habit."

(Italics mine, L.)

This is a huge joke. The method followed in Chicago was the selection by the A. M. A. ring of names "acceptable" to themselves. No one who was *persona non grata* to the Oligarchy ever had an opportunity to submit an application in writing." *Applications were made and acted on where the alleged "applicant" was ignorant of both the application and the action taken upon it.*

One of the requirements for admission to the M. R. C. of the army pertains to the applicant's age, as follows:

"An applicant for appointment in the Medical Reserve Corps *must be between twenty-two and forty-five years of age."*

(Italics mine, L.)

N. B. NEARLY 70 OF THE 112 MEMBERS OF THE CHICAGO ASSOCIATION ARE ABOVE THE AGE LIMIT. THE TRUE FOUNDATION OF YOUTH IS THE FAVOR OF THE A. M. A. RING. THE GHOST OF PONCE DE LEON WILL PLEASE TAKE NOTICE.

THE MEDICAL RESERVE CORPS, U. S. A., AS AT PRESENT CONSTITUTED IS A FARCE, AND MERELY A KITCHEN FOR THE MEDICO-POLITICAL TRUST MONOPOLY—A KITCHEN IN WHICH TO PREPARE ITS SCHEMES OF GRAFT, POWER, REVENGE AND POLITICS.

Graft is the acquirement of money, honors, property or any emolument without giving the *quid pro quo.* That the Medical Reserve Corps, U. S. A., is used for political purposes I will prove later. When the Medical Department of the Army is used by medical politicians for their own private ends, it is time for the great Ameri-

can citizen and the apathetic American doctor to "sit up and take notice." That this has been done, and that the Medical Department of the Army is at present under the control of the Octopus, I will shortly demonstrate beyond peradventure of doubt.* I am curious to see whether the rank and file of the profession believe in the methods of the men who are trying to dominate and monopolize American Medicine. I am still more curious to learn whether or not the rank and file really likes to have their rights as American citizens trampled on.

If there are to be any special privileges, why not have a competitive examination and give everybody a chance? Is the Medical Reserve Corps, U. S. A., to be the only department of the medical service to which only the politically chosen few can be appointed—and after a fake examination, or without any examination? And why not give the preference to men of military experience rather than to obstetricians, neurologists, pediatricians, ophthalmologists, and gynecologists? Military experience and a knowledge of military surgery are not mentioned in the examination requirements.

Instead of working for special privileges for its own immediate family and satellites, the A. M. A. political coterie should devote its attention to the legitimate endeavor to obtain reciprocity between the States. The present system is as absurd as it is unfair, and unworthy of the intelligence of a learned profession.

It remains to be seen whether the new administration will approve the Medical Department of the army being made a kitchen for medical politics.

WHAT ABOUT THE WOMAN DOCTOR? WHAT PROVISION HAS THE MEDICO-POLITICAL GANG THAT IS RUNNING THE MEDICAL DEPARTMENT OF THE ARMY MADE FOR HER? WHAT SPECIAL PRIVILEGE IS TO BE PROVIDED FOR HER? She cannot join the army, navy or marine hospital service, nor even the Medical Reserve Corps. Possibly the medical cabinet officer whom we are to have when the gang acquires complete control of medical matters in the U. S. is to be a woman. Let us hope so. The situation will require some features of redemption. I would suggest that the female suffragists give this matter due consideration.

Then there is the Homœopath—he and his clientele vote, own property and pay taxes. His school is recognized as legal. WHAT SPECIAL PRIVILEGES IS THE HOMŒOPATH TO HAVE? How many Homœopaths are there in the medical service of the Government, particularly in the Medical Reserve Corps? If the Homœopath is not eligible to the Government medical service or to the Medical Reserve Corps, he cannot become one of the SPECIALLY PRIVILEGED-LICENSE TO PRACTICE WITHOUT EXAMINATION CLASS, but something should be done for him. Possibly positions on the proposed Federal Bureau of Health will be reserved for him. The all hog A. M. A. ring is noted for its fair play.

N. B. THERE ARE ABOUT 1,200 MEDICAL RESERVE CORPS MEN ALREADY APPOINTED. THE NUMBER IS NOT LIMITED BY LAW. THERE ARE SOME 150 IN CHICAGO AND 250 IN NEW YORK ALONE. AS THESE MEN ARE ALL BOUND TO THE A. M. A. RING BY POLITICAL HOOKS OF STEEL, THE GANG HAS AN ORGANIZATION IN EACH STATE WHICH GIVES THE A. M. A. A POWERFUL GRIP IN WASHINGTON.

DO THE PRIVILEGED MEDICAL CLASS AND MEDICAL MONOPOLY ACCORD WITH THE PRINCIPLES OF DEMOCRACY AND THE SPIRIT OF TRUE AMERICAN CITIZENSHIP?

In conclusion, I would ask the medical officers of the army how they like the placing of the farcical Medical Reserve Corps on the same plane with themselves? Do they approve of the Surgeon General's A. M. A. political scheme? Do they really believe that even they themselves should enjoy special privileges—privileges denied to other medical men? IF SO, WHY?

Of this much Washington may be assured, viz.: Behind the protest which I have made herewith will stand several million fair-minded American citizens and every physician in this country, in or outside the A. M. A., who is not a beneficiary of medical trust politics. *The new administration would do well to count these men before passing on what I have herewith submitted.*

AND THERE IS MORE EVIDENCE TO FOLLOW, ALL IN GOOD TIME.

*I will also show that an attempt was made to bribe me to keep quiet.—*L.*

NOTICE.

THE CHICAGO MEDICAL SOCIETY HAS ALLOWED ITSELF TO BE HOODWINKED BY THE SURGICAL TRUST. The "harmony" President of the Chicago Medical Society returned from the recent New York meeting of the Trust, and in furtherance of the new scheme there concocted, of an American (Sic) Royal College of Surgeons, proposed a committee of inspection and "standardization" of the Chicago hospitals.

N. B. WHEREVER THERE IS A NOTE OF "HARMONY," THE WISE ONES CAN HEAR THE RATTLE OF THE MEDICAL TRUST MACHINE. THE RANK AND FILE NEVER HEAR IT UNTIL IT RUNS OVER THEM.

The intention is to drive out of business every independent surgeon, and every hospital not controlled by the SURGICAL TRUST, WHICH IS A BRANCH OF, AND A MORE VIRULENT DANGER THAN THE PARENT A. M. A. TRUST. The committee appointed may be ever so fair and square, but the principle involved is dangerous, and sooner or later the smaller hospitals will be driven to the wall.

The committee should be stopped at the hospital front door. It has no authority to inspect or "standardize" anything or anybody. Any criticism that may be made by the committee on any institution which results in injury to its business WILL MAKE THE SOCIETY LIABLE IN DAMAGES.

Recognition of the committee's authority to "inspect" and "classify" any given hospital will forfeit the management's right to protest against attacks on the reputation of the hospital.

The ostensible objects of the proposed hospital inspection are excellent, but it is a case of a pretended attempt to correct obvious evils by afflicting the profession with a greater and an overwhelming evil. It is prospective surgical graft monopoly under a hypocritic cloak of professional altruism.

Let the profession remember what I have said, over and over again, viz.: THE OCTOPUS IS TRYING TO MONOPOLIZE HEALTH BOARDS, INCLUDING A FEDERAL BUREAU OF HEALTH, MEDICAL SCHOOLS, MEDICAL JOURNALS, AND MEDICAL PUBLISHING AND ADVERTISING, HOSPITALS, ALL PUBLIC OFFICES, THE MEDICAL DEPARTMENT OF THE ARMY—AND NOW COMES THE PROPOSED MONOPOLY OF OPERATIVE SURGERY. WHO ARE AT THE HEAD OF THE TRUST? READ MUNSEY'S MAGAZINE FOR FEBRUARY, 1913.

(In Preparation.)

WHY THE AMERICAN MEDICAL ASSOCIATION IS GOING BACKWARD.

In this forthcoming pamphlet I will review the entire medico-political situation, making another attempt to rouse the profession from its lethargy and indifference to a realization of the upbuilding of one of the most dangerous, grasping and selfish monopolies in the United States. I shall not expect to clean out the medical Augean Stables, *i. e.*, to reform the gang that is using for its own selfish ends our once noble Association, but I hope to so arouse the rank and file that it will no longer be duped by men who, under the cloak of professional altruism and "organized medicine," are constructing a medico-political machine in the interests of monopoly, which is destined to destroy the independence and manhood of the entire profession of the United States.

—*G. Frank Lydston.*

32 N. State St., Chicago.

(Reprint from the Southern Practitioner, Feb., 1913.)

Dr. Ralph Bernstein's articles on Eczema in the MEDICAL CENTURY have been issued in neat pamphlet form. Those who desire a copy please address Dr. Bernstein.

A COMMISSION ON CANCER.

BY ELI G. JONES, M. D., BURLINGTON, N. J.

WHEN we realize the fact that there are 225,000 persons afflicted with cancer in the United States, and that all our laboratory experiments and research has thus far failed to find a remedy for this disease; when the experience of very many years with surgery has clearly demonstrated the fact that cancer has not been permanently cured by surgical means, is it not about time that we should wake up to the fact that we are not curing cancer?

"The people have asked for bread and we have given them a stone." For the first time in the history of medicine a "Commission on Cancer" has been appointed by the president of "the American Association of Progressive Medicine." This commission is to investigate the whole subject of cancer, its causes, the results of its treatment by surgery, also what has been accomplished thus far in the cure of cancer by medicine. The report of this commission will be given at our next annual convention to be held at Poughkeepsie, N. Y., September 2d, 3d, 4th and 5th, 1913. This report will show definitely what has been accomplished thus far in the *medical* treatment of cancer. The men on that commission are selected from different states and are specialists in the study and treatment of cancer. Their report will be an epoch in medical history, and will be looked for with deep interest by medical men throughout the world. This report will be a fair and impartial statement of facts (not theories), and will settle the question once for all whether there is any cure for cancer by medicine. It is high time that we should stop theorizing about the cause of cancer and experimenting on rats, mice and rabbits in the laboratory, and make an effort to cure a disease that stands to-day as a menace to our profession and a blot upon our civilization.

CORRESPONDENCE

Ann Arbor, Michigan,
April 1, 1913.

My Dear Mr. Editor:

The time is not far distant for the convening of the American Institute of Homœopathy in the City of Denver. Naturally, I am intensely interested in the success of the meeting and believe you will lend the use of your valuable journal for me to say to the profession that it is of unusual importance that we have a full and enthusiastic convocation. These are the times of strenuous society activities. Scientific people, pseudo-scientific people, and all others for that matter, are active in organization work. This is also the era of long-sighted, purposeful co-operation upon the part of those who wish to be identified with progress.

Let no one say he gets nothing worth while out of the Institute; rather let him feel the Institute can get something from him. Denver is the only place in the country where one can receive the invigorating influence of a wide-awake, enthusiastic medical meeting, and by a slight expense see the greatest sight that Nature unfolds to the physical senses. The Transportation Committee have given special attention to "side trips," and will have a long list of delightful long or short excursions to select from after the Institute is over. Not only that—the accommodations for the trip are being delightfully arranged. Those who go, as they should, "with the crowd" from Chicago, or even from farther east, will experience the benefits of an Institute *en transit*, because the good conversationalists, the best story tellers and the enthusiastic good fellows will be on the train.

Pass the word along. Take as a companion at least one candidate for membership. Urge the young men to seek the place where the enterprising and progressive element of our profession congregate.

The local committee are perfectly organized to make your coming to, stay at, and departure from, their beautiful city an event to be remembered and a celebration royal. Everybody, from now to the date of departure, be a "booster" for Denver and the sixty-ninth meeting of the American Institute of Homœopathy.

Most cordially yours,

W. B. Hinsdale.

SOCIETIES.

AN OPEN LETTER TO THE HOMŒOPATHIC PROFESSION OF THE UNITED STATES AND CANADA.

The American Institute of Homœopathy meets this year in Denver, the Queen City of the West, from July 6 to July 12. There are in the United States and Canada approximately 15,000 homœopathic physicians. Of this number but 2,700 are members of our National Organization—the oldest National Medical Organization in the United States. Never was there a time in the history of Homœopathy when it was more necessary for the protection of the individual homœopathic physician to have back of him a strong, national organization than at the present time. In every State in the Union restrictive and proscriptive medical legislation is taking place, whose chief object it is to limit the number of physicians in each State, and especially the number of so-called "irregular" physicians. That such legislation, which, in many instances, results in much good, may result in infinite harm to the homœopathic profession, there cannot be the slightest doubt. Up to the present time a comparatively small number of homœopathic physicians in the United States have made the fight in your behalf. The Institute is protecting your interests through its various committees on education, on legislation, etc. We, however, need the co-operation of every homœopathic physician in the United States and Canada.

With this end in view, the admission fee has been reduced to one dollar for the first year, two dollars for the second year, three dollars for the third year, four dollars for the fourth year, and thereafter five dollars a year. In twenty-five years you become a senior member and further dues are not required. Subscription to the official journal, which contains the papers and the transactions of the Institute and is issued monthly, is one dollor per year. You are, therefore, taken into the Institute for the small sum of two dollars, including one year's subscription to the Institute Journal with access to all its transactions and scientific papers.

If you have never attended a meeting of the Institute, doctor, you have missed one of the greatest privileges of your life. Aside from the social features of the Institute, which bring you in close touch with the men and the women in the profession who are "doing things," there is the scientific aspect which you will find of even greater value. The Institute is in session six days and I have never yet attended a meeting that I have not been repaid a hundredfold for the time and money spent. To me this week is a "post-graduate week" and I come home refreshed, full of new ideas and in infinitely better shape to take up my work.

It has been the effort of the undersigned to organize the United States and Canada in such way that every homœopathic physician not a member of the Institute will be personally solicited to become one. Should you not receive such solicitation, notify the chairman of this committee, or its secretary, Dr. Alden E. Smith, of Freeport, Illinois, and a proper application blank will be sent you. Your colleagues who know you will gladly endorse your application.

Will you not, doctor, join the Institute this year, attending the Denver session, if possible, and, if not possible at least give us your moral support? The meetings usually alternate between the East and the West, and in all probability next year's session will be held in the East or in the Middle West.

James C. Wood,
Chairman of the Committee.

BOOK REVIEWS.

Ford Model T Reference Book. Ford Reference Book Company, 57 West 125th Street, N. Y. Price, $1.00.

This is a little pamphlet that will interest Ford owners. It tells everything anyone wants to know about his Ford Model T. It costs a dollar, but it will save many dollars to anyone possessing

it. It describes all difficulties and tells how to meet them. It really makes an expert Ford mechanic out of every Ford owner, and he can diagnose and treat the troubles without calling in a specialist.

Organic and Functional Nervous Diseases. A Text-Book of Neurology. By M. Allen Starr, M. D., Ph. D., LL. D., Sc. D., Professor of Neurology, College of Physicians and Surgeons, New York. Fourth edition, enlarged and thoroughly revised. Octavo, 970 pages, with 323 engravings and 30 plates in colors or monochrome. Cloth, $6.00, net. Lea & Febiger, Philadelphia and New York, 1913.

In its early editions Professor Starr's work won a leading place both as a text-book for students and as a guide for practitioners, and the author has spared no effort to keep it in the forefront by a thorough revision as each new edition was demanded. Its position is so well known that little need be said beyond mentioning the changes and improvements in this new issue. It has been rearranged so as to present its subjects in a still more convenient order and to accommodate the doubled space allotted to the functional disease. Everything new and approved in neurology has been introduced, several chapters have been wholly rewritten, subjects of recently recognized importance, such as pellagra, have been discussed, and particularly valuable new chapters on Headaches and Disorders of Sleep have been added. These are only a few of the new features. This single volume is a complete presentation of Neurology, suitable for readers of all classes, whether undergraduate or practicing. It opens with anatomy and general diagnosis, and then covers the whole field of organic and functional diseases, and those of the sympathetic system, the most logical and convenient classification. The eminent position of Professor Starr vouches for the authority of the subject matter, which he has presented in an excellently clear and attractive style, with abundant illustrations and plates.

We can heartily commend Professor Starr's work. It is thorough, beautifully arranged, well illustrated and is an ideal text-book.

Text-Book of Ophthalmology. By Dr. Paul Roemer, of Greifswald. Translated by Dr. Matthias Lanckton Foster, New York. Rebman Company, 1123 Broadway, N. Y. Price, $2.50, net. Volume III.

This is the third volume of this excellent work. The reader will find therein:

First, a complete list of illustrations covering all three volumes.

Second, a list of plates (colored) contained in the three volumes.

At the end of the volume there will be found:

Third, a most complete index covering the whole work.

When the present small issue of three volumes is exhausted the work will be bound in one volume, cloth, of which the price ($7.50) will be the same.

Kee's Surgery, Volume VI.: The Volume with the Newest Surgery. By 81 eminent surgeons. Edited by W. W. Keen, M. D., LL. D., Hon. F. R. C. S. (Eng. and Edin.), Emeritus Professor of the Principles of Surgery and of Clinical Surgery, Jefferson Medical College, Philadelphia. Octavo of 1,117 pages, with 519 illustrations, 22 in colors. Philadelphia and London. W. B. Saunders Company. 1913. Entire work, consisting of six volumes, per volume: Cloth, $7.00, net; Half Morocco, $8.00, net.

This volume is really a supplement to Keen's great system of surgery in five volumes, which was published between 1906-1909, and it contains an index of the entire six volumes. This last one contains all the recent advances in surgery.

A few new chapters or sections have been introduced, *e. g.*, an important chapter on Anoci-association, a fuller description of apparatus for operating on the thorax and its contents under positive and negative pressure; the method of anæsthesia of Meltzer and Auer by intratracheal insufflation; the newer methods of anæsthesia by nitrous oxid and by the intravenous introduction of ether; the surgery of the hypophysis; the treatment of cancer by fulguration, dessiccation, etc.; the rapidly extending use of iodin as a disinfectant of wounds and of the field of operation; the use of salvarsan in syphilis, etc. The department in which the greatest progress has been made within the last five years has been thoracic surgery. This has been fully discussed.

The surgery of accidents, Legal Relations of the Surgeon. The surgical organization of a hospital. The X-ray in surgery, are some of the important chapters. The volume rounds out and completes the great work in an admirable and thorough manner.

Diphtherium.

We extract the following from Dr. Cartier's excellent work on "Therapeutics of the Respiratory Tract:" The idea of curing diphtheria by diphtheria does not come from Bœhring nor Roux. Long before Pasteur a homœopathic German veterinary published a work on Isopathy, in 1833, showing that diseases were cured by their viruses. In 1874 Collet, a French homœopathic physician, treated diphtheria by dissolving some of the débris of the false diphtheritic membrane in two soup spoonfuls of water, shaking the same well, and from which he made the fifth alcoholic centesimal dilution. He moistened some sugar pills with this and gave them to his first case of

diphtheria; the third day the membrane had completely disappeared. With the same preparation Collet treated an entire epidemic of diphtheria and obtained a complete cure in all cases which came to him the first three days of the disease. This is similar to the use of the anti-diphtheritic serum which is acknowledged useless after the third day. Dr. Cartier relates a case cured by *Diphtherinum* 200 after other drugs had failed. As the other drugs were alternated and combined with external applications this observation cannot be taken as an argument against other remedies properly prescribed. However, Dr. Cartier has had repeated success with *Diphtherinum* in diphtheria, and believes its action to be quite as prompt as the serum. Our preparation should be made with the false membrane itself containing the bacteria and not with the diluted serum. There is never any post-diphtheritic paralysis following the use of this remedy as often occurs with the serum. The serum is truly homœopathic in genesis, but its application as usually employed is not.

Cleveland, Ohio, March 26, 1913.

To the Members of the Homœopathic Profession:

My Dear Doctors:—The reports from the Council of Medical Education show that the efforts to secure pledges, re Propagandistic work, have been encouraging. However it appears to some of us that we must resort to more effective and strenuous methods to secure the pledges from a large number of our physicians who have not yet subscribed. As the originator of this method for securing the pledges from every homœopathic physician, namely, $2.00 or more a year for five years, and among the early promoters of the propagandistic and evangelistic work I am deeply interested in its ultimate success. The plan, as presented, has already awakened an interest all along the line and the interest *must* be *kept up*. How shall it be done? It is very essential that all the journals should lend a helping hand, through their editorials, thereby indicating the importance of the work and urge their readers to respond to the efforts being put forth for propagandizing and evangelizing. Would it not be well for the Council of Medical Education to give to the profession, monthly reports, of the results of the efforts obtained by the Director, publishing the names of those who have given pledges and the amounts subscribed, in all of the journals, and especially the official journal of the Institute?

Where the first appeal has failed to secure a pledge it should be followed by another more pronounced and if necessary repeated until the pledge *is* obtained. The "Spread of the Gospel" and "Team Work" editorial in the February and March numbers of the official journal of the American Institute of Homœopathy are timely editorials and good results are sure to follow. Though I cannot endorse all of the suggestions of Dr. Sasseday, as stated in his "Plan to Place Homœopathy on the Proper Basis," etc., the doctor has advanced some very good and practical suggestions, and even if not altogether approved by the entire profession, his suggestion, and those from others, show that there is an awakening all along the line for the advancing of homœopathic interests.

Much praise is due to the Council of Medical Education for the vigorous efforts to secure pledges and especially to Dr. W. A. Dewey, the Secretary of the Medical Council and the Director of the Propagandistic work.

We are certainly awakening from our lethargy, the result of a long period of successes and triumphs, and it is necessary for us all to keep ourselves aroused and wide awake to the importance of the Cause, and thus working strenuously and unitedly with this aim in view the victory will surely be ours.

The busines methods adopted by the Trustees of the American Institute of Homœopathy, the energetic President Hinsdale, ever on the alert for homœopathic interests, and the inauguration of the College Alliance of the American Institute of Homœopathy, all betoken a bright future for Homœopathy.

I feel confident that if this plan for securing pledges is vigorously pushed that sufficient funds will be received to carry on the work and the cooperation of the entire profession secured. It is endorsed by the Institute, and the Council of Medical Education is fully and duly authorized by the Board of Trustees to carry on the work. We must not forget that it is a work of love that the Director and Sub-Directors are all working without any financial remuneration. The pledges and moneys collected by the Council of Medical Education are turned over to the Treasurer of the Institute, and the Institute through the Board of Trustees are the advisors as to the distribution of the funds thus collected, and we have confidence and faith that the funds collected are thus safely guarded and that they will be economically and wisely distributed.

I think the efforts to stimulate us to greater activities, and to spur us on in this important and vital propagandistic work, are most gratifying and I am very optimistic as to the results, if we all put our shoulders to the wheel and work with a determined effort to advance the interests of Homœopathy.

Yours fraternally,

H. F. Biggar.

Diverticulitis.

J. Stanton concludes that this is not a rare disease. Recurrent attacks of left-sided abdominal pain, with tenderness and tumor formation, in the absence of any active urinary disturbance, are usually due to inflamed diverticula. As a focus of chronic irritation this condition may be a starting point of cancer of the sigmoid. Surgical removal affords the only perfect cure.

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EDITORIALS.

THE AMERICAN ACADEMY OF ROYAL SURGEONS.

HAVING been whipped hands down in their efforts to clinch state medicine through the agency of a federal department of health, the solicitous guardians of human destiny (*sic*) now plan the establishment of an academy of surgeons in America "similar to the Royal College of Surgeons of England," etc., etc.

The sole purpose of this contemplated organization is "the promotion of efficiency in surgery," and if anybody thinks for one moment that there are any selfish or ulterior motives behind the movement he is guilty of unjust suspicion of these virtuous surgical savants.

Nay, nay! there is nothing in the history of the activities of these saintly souls that could arouse such invidious contemplations, and we should be profoundly ashamed of such a frivolous estimate of these lofty minds. True it is, that through a law creating a "Medical Bureau Corps" these same men have grabbed all the jobs thus made and provided, but it were well to understand that this was done only to safeguard the militia against "incompetency in surgery," and one should be very careful not to dare belittle such philanthropic concern for our soldiers and sailors.

And then, too, that law was promoted and *pushed through* by the American Medical Association, and the *victors* must have the *spoils* if the lives and health of the beneficiaries are to be satisfactorily encompassed. Now this Academy of Royal Surgeons will pass with finality, not only upon the efficiency of the individual surgeon (of whatever school), but also upon the equipment, and, if you please, the *desirability* of every hospital and sanitarium in this country, and he who would attempt either to practice surgery or to open an institution to the public, could not hope for a successful beginning or a happy ending unless there should hang on his walls a certificate of merit and approval issued and countersigned by the officers of this academy of royal exalted surgeons. And what a ponderous *fit* Flexner would "throw" if he should find in one of his later inspections (?) some teacher of surgery in a homœopathic or eclectic college who had not been properly branded somewhere between his scapula and the popliteal spaces with the ominous letters "A. A. S.," which would mean to those who *saw*, "American Academy of Surgery," but to those who *knew, absolute authority in surgery.*"

Those surgeons of the homœopathic and eclectic schools who have *behaved satisfactorily* in the past have been, or will be, invited to "sit in," and not a few of them will—as is their custom—submit themselves to the branding iron, for indeed, who wants to be just a "homœopathic (or eclectic) surgeon" when one may be a *"royal* surgeon?"——

As a matter of course, this presumptious crowd will have its *official headquarters* at Washington City—close up to the throne—and it may be expected with certainty that on the President's receiving day, it will fall into line immediately behind the embassador from the Court of St. James. In the meantime Homœopaths will do well to keep their *eyes on* and their *hands off* both the "Medical Reserve Corps" and the *"Academy of Royal American Surgeons."*

Surgeons who feel the tinge of royal blood in their veins have a perfect right to organize to their heart's content, but when a little later (as they surely will) they ask Congress for governmental sanction, then will their regal motives be made manifest, and we may hope that then it will not be too late to prevent further encroachments by these monopolists through federal interference in matters of medicine and surgery.

The greedy activities of the "Association of American Medical Colleges" have *sealed its doom,* and this new thing that smacks of royalty will go to the same merited oblivion if given a free hand *outside of legislative halls.* Then let the dance go on, and long live the Academy of Royal American Surgeons.

L. P. C.

DR. CASSEDAY'S PROPAGANDISTIC PLAN.

WE reproduce in this issue an excellent plan of propagandistic work evolved by Dr. F. F. Casseday, of Portland, Oregon, and his associates of the Round Table of Homœopathic Physicians of that city. As editorial comment on this plan is asked we beg to submit the following:

The statement that "the old school is carrying on a sort of campaign of publicity, but it lacks unity in plan" is, we consider, on the whole, a misstatement. It is carrying on a sort of campaign but it is not lacking in plan or unity. Glance at the legislative enactments all over the country and it will be found that there is a decided plan to obtain absolute control of all health activities of the various states and nation. Find a single bill pertaining to health or medical legislation in any state of the Union and you will find behind it a member of the A. M. A., and his instructions can be traced to the managers of that medical trust. The publicity part comes in in legislative hearings, which are heralded abroad by the press and by interviews duly reported; in fact, every known method of publicity. The entire object being the getting control of all medical matters by hook or crook and including also the management of homœopathic institutions, hospitals and colleges.

Dr. Casseday's plan has, in part, at least long been adopted by the Council of Medical Education, which has been since 1908, constituted by the Institute a general propagandistic board, or as the doctor calls it, a "Central Publicity Bureau."

The work of this bureau or council has been well understood and even outlined by its members and endorsed by them. Why has it not been carried out? Simply because in spite of presidential recommendations, in spite of the recognized value of such work, no funds have been furnished by the Institute.

We believe, and the Council has had the subject under consideration for some time, that Dr. Casseday's Section 1, Article A (which see), is about the only proper way to start a publicity campaign, but the Council has learned some wisdom by experience, and among other things it has learned that such a campaign would be worse than useless, it can have at least a reasonable degree of perpetuity. The Council has done with spasmodic action, and unless there can be some lasting effort in a single direction it had better disband.

As to Dr. Casseday's Section 1, Articles B, C, D, E, F and G, all are fine, and we hope the doctor realizes what amount of work is necessary to properly carry on this comprehensive and admirable plan, also the expense necessary.

Section 2 refers to the public lecture plan, and is most admirable, and we also thoroughly agree with Section 3. It is possible, however, that certain situations might arise or be worked up in certain localities where the presence of a representative would be desirable, but as the doctor clearly states when such conditions arise the man can be found. We agree also with Section 4. No journal is needed. The monthly or semi-monthly bulletin mentioned in Section 1, Article A, printed on one side is all that is necessary.

The doctor's Section 5 is all right, and it is what is now being done; we took the liberty to correct a misstatement as to numbers which appeared in Dr. Casseday's communication. There are not 50,000 homœopathic physicians in the United States. Fifteen thousand is the usual estimate, and we have not the addresses of nearly 3,000 of these authenticated in our card system. The work can be done well for a very much less estimate than given by the doctor. The section shows that he is alive to the needs of the work.

We commend to an earnest and careful perusal Dr. Casseday's plan. It should and we believe will be adopted by the Council. It is nothing more or less than the Council's plan as briefly outlined on the back of the pledge cards elaborated in a practical way by a man whose vision is sufficiently extended to see that some such move is a necessity to our school of medicine.

SOME "REGULARITY."

WE present to our readers three exhibits of "Regularity."

Exhibit One. The following is an extract from a periodical of the "regular" school in 1840:

Hahnemann, the founder of Homœopathy, was a German of high birth and large fortune. He was addicted to gambling and other vices, and lived on his sister, who became tired and turned him out, and he "got the disease called dyspepsia," so he was obliged to attend horses, and thus being in the open air was cured of his dyspepsia, and this was the origin of Homœopathy.

Exhibit Two. The following appeared in a periodical of the "regular" school about 1890. Referring to the Homœopaths the writer uses the following language:

"The downright scoundrels, the out-and-out nostrum traders, the sectarians are treated by us as the prairie wolf and tramp dogs, the solitary elephants, the forest cats, etc., are treated by their brethren. We expel them and they are known as enemies forever. Of course, they continue to use the education stolen from their profession, and their knowledge of civilized life to commit depredations on their former masters."

Exhibit Three. This also appears in a "regular" school periodical, the *Journal of the American Medical Association,"* of February, 1913, by one John Benjamin Nichols, M. D., of Washington, D. C., who was graduated in medicine about the time exhibit two appeared. This writer uses but twelve sentences to down Homœopathy, and ten of these are absolutely false as to facts, the other two being his private opinion based on the ten false premises. So it is an especially valuable one. The following is an extract:

The system is fantastic, all stupendous nonsense. No system has a scantier basis of fact or reason, a poorer excuse for existence or a more fantastic set of principles and methods. It is practically extinct, the practice is abandoned, the attitude of the school smacks of insincerity.

Thus does history repeat itself even to the slanderous variety. It is quite in keeping with "regular methods." Yet there are Homœopaths who believe that one can be a member of the association of which the last mentioned periodical is the organ, be respected and not contaminated.

MISSOURI INSTITUTE OF HOMŒOPATHY.

THE 37th annual session of the Missouri Institute of Homœopathy will be held in St. Louis, April 23-24-25. Headquarters at Planters Hotel. The Missouri Institute is now in the front rank of State Societies and is on the medical map. The 37th session is going down in history as one big event. The Bureaux, in the hands of competent men, will present a galaxy of scientific and practical papers covering the entire field of medicine. A feature of this meeting will be the organization and propagandistic work of the American Institute. President Hinsdale and Drs. W. A. Dewey, Geo. Royal and C. E. Sawyer will be our guests; other gentlemen prominent in the American Institute and in homœopathic work generally, have signified their intention of attending. The Entertainment Committee, in charge of Dr. D. M. Gibson, are arranging a line of diversions which will meet with the tastes of the most fastidious. We have secured an elegant, commodious convention suite at the Planters Hotel, and the following rates will be in force:

Single rooms, without bath, $1.50 and $2.00 per day.

Single rooms, with bath, $2.50 a day and upward.

Double rooms, without bath, $1.00 a day per person and upward.

Double rooms, with bath, $1.50 a day per person and upward.

Breakfasts, 75 cents; luncheon, 60 cents; dinner, $1.00; club breakfasts, 30 cents to $1.00.

Reservations can be made through the Secretary of the Institute or direct with the hotel management.

Keep pushing ever upward,
Work with smile and not with frown;
It takes a LIVE FISH to go upstream,
Any dead one can float down.

SCOTT PARSONS,
General Secretary.

CALIFORNIA LEGISLATION.

A BILL to replace the old and pernicious medical law of California has been introduced into the Legislature. It has been approved by a caucus of representatives of the Allopathic, Homœopathic, Eclectic and Osteopathic Schools.

The Bill provides:

1. Establishes the California High School and Parochial Schools of equal standard, the basis for admission to a medical college in this State.

2. Abolishes the control of California Medical Colleges by the Association of American Medical Colleges.

3. Gives all schools and colleges equal rights and opportunities.

4. Establishes separate office for State Medical Board.

5. Incorporates Controllers' Bill re handling of funds.

6. Excludes medical college teachers from being examiners.

7. Compels Board to examine applicants presenting approved credentials.

8. Establishes in detail pre-medical requirements and states what shall constitute the curriculum of a medical college.

9. Incorporates Assembly Bill 347 licensing physicians graduating previous to 1896.

10. Affords reciprocity with other States on a just basis.

11. Provides admission on license from other States.

12. Provides registration of retired and relieved Army, Navy and United States Public Health Service Surgeons, without examination.

All these provisions are excellent. Just why medical college teachers are excluded is not clear. There may be quite as many honest examiners and certainly better qualified examiners within medical college faculties as without. We should not fear what might be said in this case any more than we should fear what the great Medical Trust will say or do if the bill becomes a law, as we hope it will. We personally do not see any reason for the special class legislation provided for in number 12. If Army and Navy officers are retired from service and desire to enter general practice they should be examined or licensed like any other physician. Doubtless their qualifications in Pediatrics and Obstetrics would be of quite low order and why not protect the good people of California in these? We hope the bill will pass, it is a great improvement over the former bill, but it is too long to be ideal.

PRELIMINARY STATEMENT.

At a meeting of the Board of Trustees of the American Institute of Homœopathy held in Cleveland, December 7, 1912, the subject of medical education and inter-collegiate relations being under consideration, Dr. J. P. Cobb brought forward a resolution that was adopted, which, in substance, appointed the Institute's president a committee to call a preliminary conference of college representatives and such others as are interested, particularly in medical education, to consider the general subject.

This gathering is the first step upon the part of the committee towards the educational conference contemplated in Dr. Cobb's resolution.

The following tentative measures are suggested for discussion, and if thought right to do so, for adoption after due correction and revision:

1. The creation of an association in which all homœopathic colleges will be represented.

2. This conference, to be official, must have recognition by the Board of Trustees of the A. I. H., to which it shall be accountable.

3. The colleges shall also be called upon to give the conference recognition and to subscribe to its support equally.

4. Colleges shall be represented by their deans, or other designated officer, and by one or more other representatives or the governing board, but they shall vote only as units.

5. Each college shall be accountable for the expense of its own delegates, and shall contribute to the treasurer of the Institute an annual fee of $50.00, which fee shall be used for carrying on the conferences' activities.

6. The conference shall establish a scale of minimum requirements for college entrance and standards of medical education.

7. The conference shall assist, defensively and aggressively, in maintaining and defending the warranted rights of colleges, their graduates and students and in the performance of such other acts as may involve encroachment upon their privileges and moral and educational rights.

8. The conference shall be free to carry on such efforts as shall conduce to the perpetual welfare and betterment of all homœopathic institutions and to the enlightenment of the laity upon medical subjects and problems.

9. This conference shall not encroach upon such other committees and councils or their functions as have been or may be appointed or designated by the Institute or Board of Trustees.

10. The conference shall meet anually at the same time and in the same city as the Board of Trustees of A. I. H. shall meet.

The following officers were elected at the meeting in Chicago February 25th: Dr. R. S. Copeland, New York, President; Dr. Claude A. Burrett, Ann Arbor, Secretary.

OPINIONS EXPRESSED.

It is an unfortunate condition that makes our institutions of learning only for the aristocrats. There was a time when the penniless boy could aspire to a collegiate course, but it is fast disappearing as are many openings in business lines.

Dr. W. M. Mundy.

"The danger for man to contract tuberculosis by the use of cow's milk is so slight as to merit but little consideration."

Dr. A. Weber,
Imperial German Board of Health.

"We stand for higher medical standards and medical research. We stand for medical advancement, but we do not stand for state money to upbuild a broken down medical school or for supporting any individual school."

DR. ALONZO C. TENNEY.

NEWS ITEMS.

CALIFORNIA.

Dr. C. L. Tisdale, of Alameda, for many years Secretary of the California State Board of Medical Examiners, has resigned.

This is from the text of Governor Johnson's message:

"It has been assumed that this Legislature would deal with the formation of the State Board of Medical Examiners and probably remodel the present law. Because of that assumption, I have not thus far attempted any changes in the Board itself. I should have done so, but I desired to await your action, and if in your wisdom, you do not see fit to act, I shall in the matter of appointments which it is my province to make, undertake the remodeling of the Board.

"In this connection there is one suggestion that has frequently been made. Our State peculiarly attracts those who have acquired competencies in other States and among many who come to us after a life of successful effort, are practicing physicians. It has come under my observation that some of these physicians have successfully practiced their profession for many years in the neighboring States, and yet though they are gentlemen of repute, when they enter this State, in order to practice, they are compelled to pass entrance examinations. These examinations, it is represented to me, are like the ordinary entrance examinations that are propounded to students. The average lawyer who has successfully practiced his profession for twenty years would have great difficulty in passing the entrance examination to the bar, and I take it that the position of physicians is not dissimilar. It seems wholly unjust that a successful practitioner in another State, who is of good repute and standing, but who desires to come to us because of the greater advantages, climatically and otherwise, offered by California, shall be precluded from practicing his profession, except upon passing the medical examinations propounded to students within our State. The injustice should, in some fashion, be remedied."

Dr. Hermione W. Andrews has removed temporarily from Spokane, Washington, to San Diego.

COLORADO.

Our Colorado contemporary, the *Critique,* calls attention to the fact that it is of exactly the same age as the MEDICAL CENTURY, in fact, a sort of twin. Well, we always rather liked our twin chronological brother. He shows himself to be alive, which is a rare thing among homœopathic editors.

GEORGIA.

Governor Brown re-appointed all five of the members of the Homœopathic Board of Medical Examiners for three-year terms beginning June 5, 1913.

Following are the members of the board: Dr. John D. Lawshe, Atlanta; Dr. R. E. Hinman, Atlanta; Dr. Robert B. Cuthbert, Rome; Dr. M. A. Cleckley, Augusta, and Dr. C. M. Paine, Atlanta.

The Southern Homœopathic Medical Association meets in Atlanta next November. President W. B. Lorraine, of Richmond, has appointed Dr. A. M. Duffield, of Huntsville, Alabama, chairman of the Bureau of Homœopathic Propaganda.

ILLINOIS.

The Regular Chicago Homœopathic Medical Society, Dr. E. A. Taylor, president, held its monthly meeting on the evening of March 4th. The speakers were Dr. G. Frank Lydston, Dr. Alonzo C. Tenney and Dr. J. B. S. King. The Medical Trust was denounced and the formation of a new society advocated.

The Association of Homœopathic Colleges of the United States was organized at a banquet of the Chicago Homœopathic Medical Society at the Hotel Sherman, February 27th, whose purpose will be to consolidate the homœopathic interests of the country into one body for mutual protection and advancement in medical science and practice.

The organizers of the society are deans of various homœopathic colleges and hospitals of the United States, who will adopt a constitution and by-laws and choose officers.

Dr. Belle Gurney, president of the local society, presided as toastmaster at the dinner, addresses being made by Dr. W. B. Hinsdale, Ann Arbor; Dr. Roy S. Copeland, New York; Dr. Thomas C. McCann, Dr. Sarah M. Hobson, Dr. H. R. Chislett and Dr. A. S. Tenney, of Chicago.

MASSACHUSETTS.

Dr. Carlton Revere Thomas, 1901, Boston University Medical, was fatally burned by an explosion of the gasoline tank of his automobile Saturday forenoon, March 8, 1913, and passed away at the Massachusetts Homœopathic Hospital shortly after 9 P. M. The doctor had been out at night on a hurry call and the water in his radiator became frozen. The next morning, while the doctor was at work trying to thaw the water, the gasoline caught fire and the tank blew up, spreading gasoline and flames all over the doctor. He ran out of his garage to a neighbor's, but before aid reached him he was badly burned. Neighbors ran to him and threw him upon the ground, while his wife pulled his burning clothes off. The police ambulance took the doctor to the hospital, where he remained conscious to the last. The Dorchester Fire Department responded to a call at the doctor's Neponset home, but the garage and car were completely destroyed.

Dr. Thomas was born in Whitman thirty-five years ago, and has been in practice for twelve years. He was married ten years ago and has two children, Clifton, Jr., two years old, and Martha, one month old.

Dr. Thomas had built up a good practice in Neponset and Dorchester and was highly esteemed by all who knew him. He was one of the demonstrators in the dissecting room at the medical school for some years. He was a member of the Phi Alpha Gamma Fraternity. The sympathy of all his medical associates, patients and friends, is extended his wife.

The annual report of the Massachusetts Board of Registration in Medicine credits Boston University with 16 out of 17 graduates who applied for registration with pass marks, and the average of the 17 was 77.7 per cent., a most creditable showing, and equalled by only two of the other schools taking the examinations. The examiners this year used the laboratories of the Boston University Medical School for one day for oral and practical examination, together with those of Tufts and Harvard.

The Alpha Sigma Fraternity held its annual banquet in Boston the latter part of March. The chapter is in flourishing condition, with a strong alumni chapter.

Dr. John Noyes, of Brooklyn, is receiving condolence from friends and medical associates on the death of his wife, February 24, 1913.

Dr. Edwin Smith, 1901, recently of Marlborough street, Boston, has taken the practice of the late Dr. Bothfeld, of Newton, Mass.

Dr. William K. S. Thomas, 1903, Boston University Medical, announces that he will hereafter devote his attention to surgery exclusively, with an office at 1718 Massachusetts avenue, Cambridge, Mass.

The fourth series of Free Health Talks in the Evans Memorial Building, opened February 25, with a talk by Dr. Winfield Smith on "Appendicitis, Fads and Fallacies."

March 4, Dr. Frank E. Allard gave a talk on Human Efficiency. Dr. Allard was put in the Maine column last month by mistake, but he is very much a Massachusetts man. His public utterances on public health matters recently, together with his position as Examiner in Chief for the Boston Mutual Life Insurance Company, and Professor of Physical Economics at the Boston University Medical School, have given him a great deal of prominence. He pays his respects to the suffragettes in his talk at the Evans Memorial Building by saying that if they would spend time and energy on a filthy tenement district in cleaning up the same, they would accomplish a great good, and help their cause. He also claimed that business and club men in Boston between the ages of forty-five and fifty-five are dying faster than at any time in the history of the country. Sanitation is more effective protection against tuberculosis and pneumonia than serums, and most employers could settle the saloon problem inside a year by enforcing temperance among their employees to the extent that automobile owners have required it of chauffeurs.

The Sunday following Dr. Allard's talk a Boston paper had a half page interview with him, in which he set forth his ideas on many topics. Both the doctor's report and Sunday article were illustrated with a good likeness of the doctor.

March 11, Dr. DeWitt G. Wilcox, of Brookline, talked on "Diseases and Crime." Dr. Wilcox has been receiving a lot of newspaper comment recently on the outcome of his operation on a criminal to destroy his taste for wrong doing. The outcome was not very successful, but Dr. Wilcox thinks that the operation done earlier would have had different results. In his talk Dr. Wilcox stated that any disease that will cause insanity may produce criminality. We need to be re-educated on the subject of alcoholism, and the text book we should study would have the title "Alcoholism Is a Disease." There is no doubt that alcohol, morphine and cocaine produce changes in the brain tissue, and there must be some relationship to their causing irresponsible conduct.

Other lectures will be as follows: March 18, Dr. Edward E. Allen, "Fresh Air;" March 25, "Flies and Mosquitoes," Dr. Wm. H. Watters; April 1, "Sleep and Its Disorders," Dr. Frederick B. Percy, of Brookline; April 8, "Care and Feeding of Babies," Dr. J. Herbert Moore, of Brookline; April 15, "Clean Milk and Dirty Milk," Dr. Wesley T. Lee, of Somerville; April 22, 29 and May 6, three talks on "What Is Homœopathy?" by Dean John P. Sutherland, of the Medical School, and May 13, "Tuberculosis," by Dr. George S. Lapham, several years house physician at the Rutland Sanatorium. All of these talks will doubtless prove interesting and helpful, but the ones that must appeal most to the true homœopathic practitioner will be the three by Dean Sutherland.

Dr. and Mrs. Robert P. Loring, of Newton Centre, announce the engagement of their daughter, Marion, to Mr. Edwin S. Blodgett, son of Dr. and Mrs. Stephen Blodgett, of Lincoln and Boston.

Dr. L. Vernon Briggs was yesterday (March 12) confirmed as a member of the State Board of Insanity by the Governor's Council, this being the third time the doctor's name has been up for confirmation. The doctor has been expert for Governor Foss in many matters, particularly in the Richeson case.

Under a heading, "Doctors Sceptical," Prof. W. H. Watters, of B. U. Medical, is quoted as being sceptical as to the claims of Dr. Franz Friedmann, of Berlin, regarding his tuberculosis cure. Dr. Watters thinks his coming to this country without first demonstrating in Germany, and his secretive methods since arriving here, make it appear that his motive is nothing more than pure commercialism.

Dr. Thomas F. Harrington, Director of School Hygiene, Boston, states that the number of pupils wearing glasses in the Boston schools is 1,723 less this year than last, and the number of pupils with normal vision is 4,325 more than last year. The defective hearing pupils are 50% less in number than last year. Dr. Harrington gives the school nurses due credit for the improvement.

The Massachusetts Homœopathic Medical Society will hold its annual meeting April 9, 1913, in the Evans Memorial Building. The preceding evening a report will be made of the research work done in the laboratories of the building. Clinics and papers Wednesday will be followed by the annual banquet. An opportunity will be given members to buy medical and surgical supplies at or near the wholesale price.

At the February meeting of the Boston Section of the State Homœopathic Society, Helmuth Ulrich, 1911, and Alberta S. Boomhower-Guibord, 1899, were elected to membership. Papers were read by L. M. Spear, M. D., on "Enteroptosis, Etiology, Diagnosis and Treatment," and by Lloyd T. Brown, M. D., on "Postural and Mechanical Treatment of Enteroptosis." There were thirty-three members present.

Dr. Nathan R. Sylvester, Jr., of Brighton, has opened an office at 1121 Broadway, West Somerville, after his service as House Physician at the Emerson Hospital, Forest Hills.

L. F. K.

NEW YORK.

About sixty attended the dinner of the Unanimous Club of New York on February 26th. Among those present were: Drs. J. B. Gregg Custis and W. R. King, of Washington; H. F. Bellows and DeW. G. Wilcox, of Boston, and L. T. Ashcraft, of Philadelphia.

OKLAHOMA.

The annual meeting of the Oklahoma Institute of Homœopathy will convene the 15th and 16th of April, at Chickasha, Okla., and from all appearances in interest and attendance it will outrank any previous meeting.

The several bureau chairmen are vieing with one another to see which may present the best bureau, and, as a consequence, men of note all over the country have promised to prepare papers and be present to lend a special interest to the occasion.

Dr. W. L. Bonnell is planning quite a number of pleasant surprises for the guests, and an exhibition of the virtues of Homœopathy, besides a clinic that will make the meeting take on the color of a true institute.

A cordial invitation to the profession is extended and hope for action in the deliberations that will magnify Homœopathy and advise legislation that will reflect credit upon the medical profession and assist mankind in a happier, healthier existence.

PENNSYLVANIA.

The Germantown Homœopathic Medical Society held its regular monthly meeting at the "Continental Hotel," Ninth and Chestnut streets, on Monday, February 17th, 1913, at 9 P. M. Dr. Ralph Bernstein gave "A Projectoscopic Skin Clinic—A Lantern Demonstration of the More Common Skin Diseases (in colors)—Their Recognition and Treatment," which proved to be a very interesting feature of the occasion. The Censors reported the name of Dr. G. Harlan Wells, Hahnemann, 1902, who was elected to membership. There was a full attendance of members, and a delightful time was had by those present.

LANDRETH W. THOMPSON, M. D., *Secretary.*

The Clinico-Pathologic Society of Philadelphia held its regular monthly meeting at Hahnemann College, Saturday evening, February 15th, 1913, at 8:30 P. M. The scientific program consisted of the following:

"Pathology of, and Demonstrations of a Case of Kerato-Conus," Dr. F. O. Nagle.

"Sitis Inversus Viscerum" (Presentation of a Case), Dr. C. D. Saul.

"Clinical Analysis and Pathologic Findings of an Unusual Case," Dr. C. D. Fox.

(Discussion opened by Dr. B. K. Fletcher.)

"Repair of a Large Leutic Perforation of the Palate" (with photographs), Dr. G. W. Mackenzie.

The meeting proved to be a very enjoyable one, and was well attended.

BENJ. K. FLETCHER, M. D., *Secretary.*

The Homœopathic Medical Society of the County of Philadelphia held its regular monthly meeting at Hahnemann Medical College, Thursday, February 13th, 1913, at 8:30 P. M. The scientific program consisted of the following:

"Progressive Homœopathy," F. McN. R. Howell, M. D., Reading, Pa.

"The Homœopathist and Modern Medicine," Weston D. Bayley, M. D., Philadelphia.

The meeting was full of interest and was well attended.

WM. M. SYLVIS, M. D., *Secretary.*

The Philadelphia Society for Clinical Research held its regular monthly meeting at the office of Dr. W. Snyder, 5300 Spruce street, on Monday, February 24th, 1913, at 9 P. M. A very interesting paper was read by Dr. James, which was well presented. A large number of members were present and an enjoyable time was had by those attending the meeting.

PERCY A. TINDALL, M. D., *Secretary.*

The Homœopathic Medical Society of the 23d Ward of Philadelphia held its regular monthly meeting at the office of Dr. E. Humphreys, 1925 North 32d street, on Wednesday, February 19th, 1913. A paper on "Mastoiditis" was read, and was very interesting. A very enjoyable time was had by a large number of members who were present.

JOHN D. BOILEAU, M. D., *Secretary.*

The Hahnemannian Institute held its regular monthly meeting on Wednesday, March 5th, 1913, at 8 P. M. "Medical Law," the subject for discussion, was heartily entered into by a large number present. E. Clinton Rhodes, LL. D., was the speaker of the evening. A very delightful musical program was also enjoyed by those present.

The West Jersey Homœopathic Medical Society held its winter meeting at the West Jersey Homœopathic Hospital, Camden, on Wednesday, February 19th, at 1 P. M. Papers read were as follows:

"Homœopathic Pride," Dr. F. F. Moore.

"Suggestions to the General Practitioner on the Subject of Acute Middle Ear Inflammation," Dr. G. W. Mackenzie.

"A Good X-Ray Equipment for a Hospital with Demonstrations," Dr. Walter C. Baker.

"Some Hints How Hahnemann Discovered the Relationship of Temperament to the Disease," Dr. A. S. Ironside.

"The Use of Obstetric Forceps," Dr. W. J. Barrett.

Dr. O. S. Haines read a paper which was very interesting, and well presented.

T. E. Parker, M. D., *Secretary.*

In connection with the plans laid for donation day at the Women's Homœopathic Hospital, Twenty-Second street and Susquehanna avenue, the new building, which has been erected as a home for nurses, was opened on February 18th, and, as an added feature to the elaborate program, an X-ray machine of the most modern invention was installed. It is the first of its kind to be used in a hospital in this city. Tours of inspection were conducted by the Board of Managers of the Hospital between 10 A. M. and 5 P. M., for the purpose of showing the need of financial assistance in the maintenance of the institution.

Members of the Bureau of Medical Education and Licensure made an inspection of Hahnemann Medical College and Hospital on Thursday afternoon, February 13th, at 3 P. M. All members of the teaching staff were present and assisted in showing the guests about the college and hospital explaining the workings of the same, the committee being highly gratified with the institution in general.

PERSONALS.

Mr. and Mrs. Thomas J. Budd announce the marriage of their daughter, Anna Burwell, to Dr. John Percy Craig, on Wednesday, the 26th of February, 1913, Philadelphia. At home, Wednesday evening, April 23d, from 8 until 10 o'clock, 427 East Broad street, Chester, Pa.

Dr. Harry Frederick Hoffman and Miss Ruth Virginia Peabody announce their marriage on Tuesday, the 4th of March; 1913, Westerly, Rhode Island. At home after the 15th of March, Allentown, Pa.

Dr. J. W. Frank announces the removal of his office from 114 N. 17th street, to 1037 Chestnut street, Philadelphia.

Dr. Charles T. Abbott announces the removal of his office to 1825 Chestnut street, Philadelphia. "Eye and Ear."

Dr. Chauncey V. B. Vedder announces the removal to his office to 731 Baltimore avenue, Philadelphia, Pa.

FOREIGN.

Dr. E. Petrie Hoyle, of the International Homœopathic Council, has just returned from a very successful trip through Germany. In Berlin he had an audience of 1,600, in Stuttgart, 1,000, and at an overflow or repeat address, over 800. It was also successful, financially, as enough was collected to pay expenses.

OBITUARY.

Dr. James F. Bothfield.

Newton, Mass., Jan. 12, æt. 47. Boston University School of Medicine, 1888.

Dr. Mortimer H. Clarke.

Auburndale, Mass., Jan. 14, æt. 52. Boston University School of Medicine, 1888.

Dr. May Mc C. Judy.

Kansas City, Mo., Jan. 4, æt. 37. Kansas City Hahnemann Medical College, 1909.

Dr. Colwell D, Hale.

Syracuse, N. Y., Jan. 21, æt. 71. Cleveland Homœopathic College, 1877.

Dr. Charles L. Thomson.

Muskegon, Mich., Jan. 26, æt. 63. Hahnemann Medical College, Chicago, 1882.

Dr. Franklin J. Magee.

Eugene City, Ore. Hahnemann Medical College, Chicago, 1881.

Dr. E. C. Quimby.

Titusville, Pa., Jan. 25, æt. 56. Cleveland Homœopathic College, 1881.

Dr. Charles A. Hillweg.

Corning, Iowa, Jan. 26, æt. 56. Hahnemann Medical College, Chicago, 1878.

Dr. Edward H. Parker.

Euclaire, Wis., Feb. 8, æt. 57. Hahnemann Medical College, Chicago, 1879.

Dr. J. E. Ambler.

New York, Feb. 24, æt. 41. New York Homœopathic Medical College, 1893.

Dr. J. F. Flynn.

Humbolt, Kan., Feb. 1, æt. 50. Chicago Homœopathic College, 1893.

Dr. David M. Finley.

Clinton, Iowa, March 6, æt. 82. Hahnemann Medical College, Chicago, 1885.

Dr. T. O. Potter.

Dundee, Mich., Feb. 17. Homœopathic Department University of Michigan, 1881.

Dr. B. D. King.

Muskegon, Mich. Hahnemann College of Chicago, 1884.

Dr. Frank B. Molkup.

Chicago, Ill., March 1, æt. 42. Chicago Homœopathic Medical College, 1898.

Dr. Chas. B. Holmes.

Rahway, N. J., March 4, æt. 65. New York Homœopathic College, 1874. Dr. Holmes was four times Mayor of Rahway.

Dr. David S. Watson.

Fredericktown, O., Feb. 13, æt. 36. Pulte Medical College, 1905.

Dr. Delmo M. Bigelow.

Detroit, Mich., Feb. 24, æt. 38. Detroit Homœopathic College, 1904.

Dr. Carleton R. Thomas.

Boston, March 8, æt. 35. Boston University School of Medicine, 1901.

Notice—Directors.

The Commisston appointed from the American Association of Progressive Medicine to report on Cancer at the annual meeting next September in Poughkeepsie, N. Y., would be very glad to receive the facts observed relative to any case of cancer permanently cured of cancer.

Especially is it desirable to note the conditions of treatment other than local treatment of the growth.

Provided the case of cancer is permanently cured after a reasonable time (state time) without further treatment, any reasonable inference relative to cause, or any logical conclusion relative to treatment will be appreciated and made to serve some good.

Address,
W. G. JEFFERSON, *Chr.*,
346 Cumberland Ave.,
Portland, Maine.

Treatment of Wounds with Sugar.

Magnus refers to the great antiquity of this usage—even Galen treated fetid wounds with honey. The same idea obtains in amateur domestic practice to-day. On account of the frequent outcropping of this idea in the history of medicine—"school and popular"—the author has investigated the subject anew, being incited in part thereto because of the peculiar reactions of culture media which contain sugar upon bacteria, and also because of the recent use of sugar in intraperitoneal surgery and in other associations in which harmless antiseptics are indicated. He concludes that sugar as an antiseptic in wound treatment requires further attention. Sugar has a disinfectant and antiputrefactive action, dissolves fibrin, and incites secretory activity through violent osmotic action. In other words, it is a harmless, cheap, and apparently sterile medicament for routine wound treatment.

Application of Fungi as Styptics.

E. Knight states that several species of fungus were largely used in former times as applications for arresting hemorrhage, both by surgeons and the common people. One of these is agaric. But the giant puffball, *Lycoperdon giganteum*, has had a far more lasting reputation as a styptic. The pulp consisting of powdery spores has been used by the peasantry for centuries to stop hemorrhages. The giant puffball was used in surgery as early as 1560. Within recent times it has been recommended as a useful styptic when applied locally in cases of hemorrhoids, in epistaxis, in uterine hemorrhage, and in troublesome bleeding after the extracting of a tooth. Heating the puffball in an oven to render the dressing aseptic does not appear to impair its hemostatic properties.

Changing One's Diagnosis.

Sir Berkeley Moynihan once said that some surgeons seemed to think that it was a humiliation for them to open an abdomen, after making a diagnosis on reasonable grounds, and not to discover the particular condition which they had supposed to be present. He had himself no compunction in throwing his diagnosis aside as soon as it was found to be wrong and going in search of something else. And if any precedent was required it could be found in the example of Saul, who went in search of his father's asses and found a kingdom.—*Clinical Journal.*

Report on Friedmann Cure.

The only authoritative report on the Friedmann tuberculosis cure so-called, which has been given to the public sounds rather tame after the vivid newspaper stories of "apparent cures" and "marked improvement one week after injection." Surgeon Blue, of the Public Health Service, issued the following statement in Public Health Reports of March 21: "On March 8 the Secretary of the Treasury on the recommendation of the Surgeon General of the Public Health Service, caused a board of medical officers to be detailed to make a thorough investigation of Dr. Friedmann's alleged cure for tuberculosis. These officers proceeded immediately to New York and arranged with Dr. Friedmann for demonstrations of his remedy upon persons suffering from tuberculosis. These demonstrations are being carried on in certain New York hospitals through the courtesy of their respective authorities, and will be continued until sufficient information has been obtained for the forming of an opinion as to the merits of the treatment. Dr. Friedmann has submitted to the board a culture of the bacteria which he states are used in his method of treatment. In addition to the observation of persons under treatment by Dr. Friedmann, the Board of Officers will make experiments to ascertain whether this culture is as Dr. Friedmann claims, harmless to warm-blooded animals. Considerable time will necessarily be required to carry out these investigations. The work will be carried out as rapidly as possible. In the meantime the public is informed of the inadvisability, in the great majority of cases, of traveling long distances in the hope of receiving the treatment, as those selected for demonstration purposes constitute only a small proportion of applicants. Certain statements purporting to be expressions of the Board of Officers of the Public Health Service carrying on the investigation have appeared in newspapers. These officers have expressed no opinion and will not be in a position to do so until the work has advanced sufficiently far to warrant some conclusion in regard to Dr. Friedmann's treatment." It is reported that Dr. Friedmann will shortly return to Germany.—*Med. Record.*